FORM RF-3

10-01-09

Change in Company's premium or rate level produced by rate revision effective (1)

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	117,939,877	+ 2.4 %
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cl	asses? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory org (Adopt 4/1/09 Advisory Rates)	anization, specify organizat	tion) See Filing Memorandum;
	LAW only	Filing
	. /	
* Adjusted to reflect all prior rate changes	,	

Change in Company's premium level which will result from application of new rates.

ACE AMERICAN INSURANCE COMPANY Name of Company

Steve Kreider - WC Associate Product Manager Official — Title



CCT \ 1 2009

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>04/01/2009</u>.

(1)	(2)	(3)
Coverage	Annual Premium	Percent
A. Assault to Dispute	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other than Auto		
Burglary and Theft Glass		
	· · · · · · · · · · · · · · · · · · ·	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	2 700 474	+2.4%
15. Workers Compensation	2,799,174	TZ.470
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain	n classes? If so, specify No	
book ming only apply to contain territory (territorios) or contain		
Brief description of filing (if filing follows rates of an advisory	organization, specify organizat	tion) See Filing Memorandum:
	J only Filing	occ 1 milg memorandum,
(Mask Wive Markey Makes)		

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

ACE FIRE UNDERWRITERS INSURANCE COMPANY Name of Company

Steve Kreider - WC Associate Product Manager Official — Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>04/01/2009</u>.

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
Automobile Liability		
Private Passenger		
Commercial	· · · · · · · · · · · · · · · · · · ·	
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other than Auto		
Burglary and Theft		
5. Glass		**************************************
6. Fidelity		- 112
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	15,007,150	+2.4%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) o	r certain classes? If so specify No.	
boes ming only apply to certain territory (territones) o	recreative classes: If so, specify 140	
Brief description of filing (if filing follows rates of an ac	duicent ergenization, specify ergeniza	tion) Adopt 4/1/00 Advisory Pates
Brief description of filing (if filing follows rates of art at	dvisory organization, specify organiza	Moopt 4/ 1/09 Advisory Rates
LAW	only Filing	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE PROPERTY & CASUALTY INSURANCE COMPANY
Name of Company

<u>Steve Kreider – WC Associate Product Manager</u> Official — Title



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DIVISION OF INSUFANCE

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2009.

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. –	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11. 12.	Inland Marine		
12. 13.	Homeowners Commercial Multi-Peril		
13. 14.	Crop Hail		
1 4 . 15.	Other Workers' Compensation	1,124,021	+2.5%
15.	Life of Insurance	1,124,021	
	Does filing only apply to certain territo specify. No.	• ,	Classes? If so,
	Brief description of filing. (If filing folloorganization): Adopting NCCI April 1,		Organization, specify
	usted to reflect all prior rate changes. nange in Company's premium level which	will result from applicat	ion of new rates.

ACIG Insurance Company
Name of Company

Courtney Howerton - Underwriting Operations Manager
Official - Title STATE OF ILLINOIS/IDFPR

APR 0 1 2009

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's	premium or	rate level	produced	by rate	revision
effective upon approval	4-1-09	•			

~ 	(1)		(2) nual Premium	(3) Percent
1	Coverage -	VOIL	ıme (Illinois) *	Change (+or-) **
١.	Automobile Liability Private Passenger			
	Commercial			
2	Automobile Physical Damag			Mile Hill Street Control of the Cont
-	Private Passenger			•
	Commercial	***************************************		
3.	Liability Other Than Auto			
). I.	Burglary and Theft			
j.	Glass	***************************************		works a ship of the ship of th
8,	Fidelity	·		
	Surety			National Activities and Activities a
3.	Boiler and Machinery			
).	Fire	~		
0.	Extended Coverage	***************************************		
1.	Inland Marine			
2.	Homeowners			
3.	Commercial Multi-Peril			
4.	Crop Hail			
5.	Other Workers Compensation	40,611,3	25	2.5%
	Life of Insurance			
*	Does filing only apply to certain	in territ	nn/(tarritarias) ar	cortain
	Classes? If so,	iii (Ci iit	ory (territories) or	Certain
	specify: No			
			· · · · · · · · · · · · · · · · · · ·	
	Brief description of filing. (If fi	lina foll	ows rates of an ac	dvisorv
	Organization, specify			
	organization):	Ac	lopting the WC rates file	d by NCCI in IL-2009-01.
	,			
	*Adjusted to reflect all prior rai			
	**Change in Company's prem	ium lev	el which will resul	t from application of new
	rates.			
	VISION OF INSURANCE	:		Insurance Company
	TATE OF ILLINOIS/IDFPR	į,		me of Company
		- 1	Regulatory Filing Te	
	APR 0 1 2009	1	Ĺ	Official – Title
		_ 1		
	OPRINGFIELD, ILLINOI	5]		
	CPHINGFIELD			

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APR 1 5 2009

idfpr (mpc) Division of insurance Springfield

ILLINOIS SUMMARY SHEET

FORM RF-3

(1) Coverage	(2) Annual Premiu Volume (Illinois	
Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger DIVISION OF INSURANCE Commercial STATE OF ILLINOIS/IDFPR		
3. Liability Other than Auto		
5. Glass MAY 0 1 2009 6. Fidelity		
7. Surety 8. Boiler and MachinerySPRINGFIELD, ILLINOIS 9. Fire		
10. Extended Coverage 11. Inland Marine		
Homeowners Commercial Multi-Peril Cron Heil		
4. Crop Hail 5. Workers Compensation 6. Other	104,612	+2.5
Line of Insurance		
pes filing only apply to certain territory (territories) or certa	in classes? If so, specify	No .
ef description of filing (if filing follows rates of an advisory	organization, specify or	
scellaneous values as published in NCCI circular IL-2009-03		LAW only Filing
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from	m application of new rates.	
		Advantage Workers Compensation Insurance Company
	_	Name of Company
	<u></u>	ina Knight, Analyst Official — Title

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APR 1 7 2009

DIVISION OF INSUFIANCE

Form (RF-3)

SUMMARY SHEET

(Change in Company's premium or rate	level produced by rate revision effec	tive 4/01/2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
12.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
١5.	Other Workers' Compensation	81,073	+2.5%
	Line of Insurance		
oes f No	iling only apply to certain territory (ter	ritories) or certain classes? If so, spe	ecify:
Adop	lescription of filing. (If filing follows ting NCCI law-only filing reflecting the nent center fee schedules effective Approximately	ne implementation of the hospital out	patient and ambulatory surgical VISION OF INSUFANCE VISION OF INSUFANCE STATE OF ILLINOIS/IDFPR
			VISION OF INDIS/IDFPR
			STATE
· Cl	ljusted to reflect all prior rate changes nange in Company's premium level wh sult from application of new rates.		APR 0 1 2009
			OPRINGFIELD, ILLINOIS
		A	Alaska National Insurance
			Company
		_	Name of Company
			Edith Goodgame,
			/-P Underwriting Services
			Official - Title

SUMMARY SHEET

	Change in Company's premium or ra	te level produced by rate revision effective	September 1, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial Liability Other Than Auto		
3. 4.	Burglary and Theft		
4. 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp	\$695,179	+2.5%
	Line of Insurance		
	filing only apply to certain territory (territories) or certain classes? If so, specify:	
na			
Ado	description of filing. (If filing follow pting IL law only Filing reflecting the tment Center Fee Schedules loss cost	vs rates of an advisory organization, specify of implementation of the Hospital Outpatient its	organization): and Ambulatory Surgical

* Adjusted to reflect all prior rate changes.

CIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2009

SPRINGFIELD, ILLINOIS

All America Ins Co

Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D

^{**} Change in Company's premium level which will result from application of new rates.

FORM RF-3

Change in Company's premium or rate level produced by rate re	vision effective April	1, 2009
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	voidine (illinois)	Griange (1 or 1)
Private Passenger		
Commercial		
2. Automobile Physical Damage	···	
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	•	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	*** ***	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,376,026	+2.0% +
16. Other		**************************************
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cl	asses? If so, specify <u>No</u>	0
Brief description of filing (if filing follows rates of an advisory org	anization, specify organiz	ation) This filing proposes to apply
the currently approved loss cost multiplier of 1.873 (1.917 for F-	classes) to the loss costs	published by the National Council on
Compensation Insurance effective April 1, 2009 for new and ren		Aw only Filing

Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Based on class codes which AAIC writes.

American Alternative Insurance Corporation

Name of Company

Kathryn Sine, Senior State Filing Analyst
Official — Title

STATE OF ILLINOIS/DEPR

APR 0 1 2009

ILLINOIS SUMMARY SHEET FORM RF-3

Cha	nge in Company's premium or rate level produced by ra	ate revision effective April 1, 2	2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		4444
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	16,314	+2.5
16.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certa	ain classes? If so, specify	
Brie	of description of filing (if filing follows rates of an advisor	y organization, specify organizat	tion) Filing to adopt
	NCCI Advisory Rates approved under NCCI Circular IL		
uie	NOO! Advisory Itales approved under NOO! Official IL	2000 00 01100avo April 1, 2000	William Contraction
			Municipal Control of the Control of
*	Adjusted to reflect all prior rate changes.		

change in Company's premium level which will result from application of new rates.

American Business and Personal Insurance Mutual, Inc.
Name of Company



Janice L. Hohenstein, CPCU Actuarial Analyst Official - Title

APR 0 1 2009

SUMMARY SHEET

FORM (RF-3)

Change in Company's prem Effective July 5, 2009	nium or rate level produced b	y rate revision
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
<u>Coverage</u>	volume (minois)	Change (+ 01 -)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$ 10,033,076	+2.5%
		94000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000
Does filing only apply to certain territo	ory (territories) or certain class	ses? No
If so, specify:		
		
Duich decomination of filing (If filing fall	arva matas of an advisom	
Brief description of filing. (If filing foll Organization, specify organization):		Circular II 2009 03
No change in deviation – will remain	at 20.0% of NCCI rates	· · · · · · · · · · · · · · · · · · ·
Two change in deviation - win remain	at 20.0% of INCCI fates.	LAW only
*Adjusted to reflect all prior rate chan	oes.	
**Change in Company's premium leve	•	
result from application of new rates.		
	A TYTICAL TYTIS	
The second secon		
DIVISION OF INSURA	NCE AMEDICANIE	AMILY MUTUAL INS. CO.
DIVISION OF INSURA STATE OF ILLINOIS/IDF	NCE AMEDICANIE	AMILY MUTUAL INS. CO. Name of Company
FILED	AMERICAN F	Name of Company
DIVISION OF INSURA STATE OF ILLINOIS/IDF FILED JUL 6 5 2009	NCE AMEDICANIE	Name of Company
FILED	AMERICAN F	Name of Company
FILED	AMERICAN F American F American F American F American F American F	Name of Company
JUL 0 5 2009	AMERICAN F American F American F American F American F American F	Name of Company yn Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate le	vel produced by rate revision effective	6/1/2009 NB & RB
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage		
۲.	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$1,420,420	6.5%
	Line of Insurance		
Does filing only apply to certain territory (territories) or certain classes? If so, specify:			
	of description of filing. (If filing follows reserved to the enclosed Actuarial Memorandum.	ates of an advisory organization, specify org	ganization): NCCI
	justed to reflect all prior rate changes. nange in Company's premium level wh	nich will result from application of new rates.	
		American F	ire and Casualty Company
		***************************************	ame of Company
		Dan Francis,	Sr. Regulatory Filing Analyst
	ى، ، . ر. مراك	SION OF INSURANCE TE OF ILLINOIS/IDEPR	Official Title

TATE OF ILLINOIS/IDFPR

JUN 0 1 2009

CPRINGFIELD, ILLINOIS

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

FORM RF-3

Char	ge in Company's premium or rate level produced by rat	e revision effective	7/1/2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or-)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		****
4.	Burglary and Theft		
5 .	Glass		
6.	Fidelity		
7.	Surety	-	-
8.	Boiler and Machinery		
9.	Fire		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
10.	Extended Coverage		
11.	Inland Marine	-	· · · · · · · · · · · · · · · · · · ·
12.	Homeowners		•
13.	Commercial Multi-Peril		***************************************
14.	Crop Hail		
15.	Workers Compensation	\$ 20,413,360	2.5% (estimated)
16.	Other		
	Line of Insurance		
Does :	filing only apply to certain territory (territories) or certain	n classes? If so, specify	N/A
Brief o	lescription of filing (if filing follows rates of an advisory Advisory Loss Costs with a delayed effective date of	organization, specify o	rganization) Adoption of 4/1/2009
new a	and renewal policies on and after 7/1/2009.		
*	Adjusted to reflect all prior rate changes		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUL 0 1 2009

American Interstate Insurance Company Name of Company

Gjurgjica Ledesma - Rate Filing Specialist Official - Title

SPRINGFIELD, ILLINOIS ---------

Printing 2/02

Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		04/01/2009	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
 Automobile Physical Damage Private Passenger Commercial 			
Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage 11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril	***		
14. Crop Hail			
15. Other Workers Compensation	\$115,572	+1.9%	
Line of Insurance	Ψ110,012	1.5 %	
Zino or modification			
Does filing only apply to certain territory (terr	ritories) or certain classes? If so, specify	y: This filing will apply to all classes.	
	,		
Brief description of filing. (If filing follows rate	es of an advisory organization, specify of	organization):	
We will be using NCCI loss costs issued in o	cirulars IL-2009-01and approved in IL-2	009-03 for New and Renewal policies.	
*Adjusted to reflect all prior rate changes.			
**Change in Company's premium level whic	h will result from application of new rate	oc.	
Change in Company 3 premium level wine	if will result from application of new rate		
	American Nationa	al Property and Casualty Company	
	7.1.10.1.0011140.011	Name of Company	
		· ·	
	Eleanor I	Perry, Compliance Analyst	
		Official – Title	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	May 1, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
 Liability Other Than Auto Burglary and Theft 		
5. Glass	· · · · · · · · · · · · · · · · · · ·	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine 12. Homeowners	1.13	
13. Commercial Multi-Peril		
14. Crop Hail	•	
15. Other Workers Compensation	8,347,249	+2.5
Brief description of filing. (If filing follows business effective May 1, 2009, adopt NCC	CI rates announced in Circular IL-2009-0	
	111119	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi		ure Insurance Company
	HOM OF INCHES AND TO	Name of Company
	JION OF INSURANCE TATE OF ILLINOIS/IDEPR Tracy Upo	cott - Compliance Analyst II
	FILED	Official – Title
	E141/ 0 4 2000	
	MAY 0 1 2009 CPRINGFIELD, ILLINOIS	RECEIVED APR - 8 2009
•		DIVIBION OF INSUFANSE SPRINGFIELD

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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	May 1, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial	·	
2. Automobile Physical Damage		
Debug to Design of Communication		
B. Liability Other Than Auto		
I. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
). Fire		
0. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail	0.047.040	
5. Other Workers Compensation	8,347,249	+4.0
Line of insurance		
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	no
Brief description of filing. (If filing follows rapusiness effective May 1, 2009, adopt NCC	ates of an advisory organization, specify I rates announced in Circular IL-2008-07	organization): For new and renewal and approved in IL-2008-13.
Adjusted to reflect all prior rate changes. *Change in Company's premium level whic	h will result from application of new rates	
, J	••	
		re Insurance Company
		Name of Company
	-	A Carabbara Arabata
	I racy Upco	ott - Compliance Analyst II
		Official – Title

JION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	produced by rate revision effective	May 1, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance	7,162,710	+5.0
Does filing only apply to certain territory (ter Brief description of filing. (If filing follows repulsions effective May 1, 2009, adopt NCC *Adjusted to reflect all prior rate changes. **Change in Company's premium level which	ates of an advisory organization, speci I rates announced in Circular IL-2008-0	fy organization): For new and renewal 7 and approved in IL-2008-13.
CPRINGFIEL	Tracy Upo	Mutual Insurance Company Name of Company cott - Compliance Analyst II Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2) Annual Premi	ım	(3) Percent	
<u>Coverage</u>	Volume (Illino		Change (+ or -)	**
. Automobile Liability Private				
Passenger Commercial . Automobile Physical Damage				
Private Passenger Commercial				
Liability Other Than Auto			<u> </u>	
Burglary and Theft Glass				
. Fidelity				
Surety				
Boiler and Machinery				
. Fire 0. Extended Coverage				
1. Inland Marine				
2. Homeowners				
3. Commercial Multi-Peril				
Crop Hail Other Workers Compensation	7,162,710		+2.5	
Line of Insurance	7,102,710			
rief description of filing. (If filing follow usiness effective May 1, 2009, adopt N	ICCI rates announced in C	janization, specify organ ircular IL-2009-01 and ap	ization): <u>For new a</u> proved in IL-2009-0	nd renew 3.
This is the La	ew only Filing			
Adjusted to reflect all prior rate change *Change in Company's premium level		ation of new rates.		
u	ON OF INSURANCE		nsurance Company	
Δ T A	TE OF ILLINOIS/IDFPR	Name of	Company	
		Tracy Upcott - Cor	mpliance Analyst II	
•	MAY 0 1 2009		I – Title	
•	1	<u></u>]
CPAI	NGFIELD. ILLINOIS	i DEA		
CPRI	NGFIELD, ILLINOIS	REC	CEIVED	
CPRI	NGFIELD, ILLINOIS		CEIVED - 8 2009	
CPRI	NGFIELD, ILLINOIS	APR	- 8 2009	
CPRI	NGFIELD, ILLINOIS	APR IDF		

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent Change (4er.) **
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial	~	
Automobile Physical Damag	9	•
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$839,738	%+2.5
Life of Insurance		
Does filing only apply to cer Classes? If so,	rtain territory (territories) or	certain
specify: N/A		
Brief description of filing. (I	f filing follows rates of an a	dvisory
organization):	AmGUARD adopts the Adv	visory Rates as released by the Natio
Council on Compensation Insurance,	· · · · · · · · · · · · · · · · · · ·	
increase of 2.5%, for all policies effective		·
*Adjusted to reflect all prior **Change in Company's pre	rate changes.	,
rates.	4. 004551	
Control of the contro	AmGUARD Insura	
DIVISION OF IN	SURANCE Nai	me of Company
SIMIE OF ILLINO	JIS/IDFPR Jolene Carev. State	Filings Representative
		Official - Title

Official - Title

APR 0 1 2009

SUMMARY SHEET

		(1)	(2) Annual Premium	(3) Percent
	9	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		ile Liability		
		Passenger		
_	Comme			
2.		ile Physical Damage		
		Passenger		· · · · · · · · · · · · · · · · · · ·
2	Comme		***************************************	
3.		Other Than Auto and Theft		
4. 5.	Glass	and Their		
5. 6.	Fidelity			
7.	Surety			
8.	-	d Machinery		
9.	Fire	d Machinery		
10.		Coverage		
11.	Inland M	•		
12.	Homeow			
13.		cial Multi-Peril		
14.	Crop Hai	1		
15.	Other	Workers'	\$174,104	+2.5%
		Compensation		
		Line of Insurance		
Does f No	iling only a	pply to certain territory (t	erritories) or certain classes? If so, specify:	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Delayed adoption of the IL - Law-Only Filing Reflecting the Implementation of the Hospital Outpatient and
Ambulatory Surgical Treatment Center (ASTC) Fee Schedules - Voluntary Advisory Rates and Advisory Loss Costs
Effective April 1, 2009. Our selected effective date is July 1, 2009. The percent of change listed above is estimated.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS/IDEPR

JUL 0 1 2009

SPRINGFIELD, ILLINOIS

Ansur America Insurance Company
Name of Company

Wanda Raymond R&D Senior Associate

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$2,823,793	2.50%
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	Class code 9101 Maximum Minimum
Pren	nium of \$500		
Brie	ef description of filing. (If filing follows	rates of an advisory organization, specify orga	anization):
		0457 is filing to adopt the NCCI's 4/1/2009 Law Only Loss	
*Ad	justed to reflect all prior rate changes		
**C	hange in Company's premium level w	hich will result from application of new rates.	
		Argonaut Great Central Insurar	nce Company 19860-0457
		Na	me of Company
		Stefanie Westerdahl Regulator	y Analyst
			Official – Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/15/2009 Argonaut Great Central (3) (1)(2) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation N/A \$2,823,793 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: class code 0164 \$0.42 per \$100 payroll Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Class Code 0164 rate of 0.42 per \$100 payroll *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Argonaut Great Central Insurance Company 19860-0457 Name of Company

Stefanie Westerdahl Regulatory Analyst

Official - Title



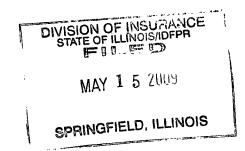
ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/15/2009 Argonaut Insurance Company (3) (1) (2) Percent **Annual Premium** Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto Burglary and Theft 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 8. 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,403,615 N/A Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Rate Class Code 0164 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Class Code 0164 rate of \$0.42 per \$100 of payroll *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Argonaut Insurance Company 19801-0457

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official – Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	\$2,714,680	2.50%
	Line of Insurance		
	s filing only apply to certain territory (ium \$500 will remain at \$500	territories) or certain classes? If so, specify:	Class Code 9101 Maximum Minimum
Brie	f description of filing (If filing follows a	rates of an advisory organization, specify orga	anization).
		adopt NCCI's 4/1/2009 Law Only Rates and keep our +1	
, ii goi	laat modalise company 10001 0407 to ming to	adopt 10010 1/1/2000 Edit Only Nates and Noop Odi	on deviation providedly med
	usted to reflect all prior rate changes. nange in Company's premium level w	hich will result from application of new rates.	
		Argonaut Insurance Company 1	19801-0457
			me of Company
		Stefanie Westerdahl Regulatory	y Analyst
			Official Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	\$1,018,423	2.50%
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	Class Code 9101 Maximum Minimum
Pren	nium \$500		
Brie	ef description of filing. (If filing follows	rates of an advisory organization, specify orga	anization):
Argo	naut-Midwest Insurance Company 19828-0457	is filing to adopt NCCI's 4/1/2009 Law Only Rates and kee	ep our -10% deviation previously filed
	justed to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates.	
		Argonaut-Midwest Insurance Co	omnany 10929 0457
			ne of Company
		ivai	no or company
		Stefanie Westerdahl Regulatory	/ Analyst
		C	Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	5/15/2009 Argonaut-Midwest Insurance Co.
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u></u>		
 Automobile Liability Private 		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto	<u> </u>	Andrew Control of the
Burglary and Theft		
5. Glass		•
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage11. Inland Marine		
11. Inland Manne 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,018,423	N/A
Line of Insurance	\$1,010,423	NIA
Line of insulance		
Does filing only apply to certain territory (territories) or certain classes? If so, speci	ifV: Rate for Class Code 0164
book ming only apply to boltam torritory (tornerios) or contain diagona. Il co, apos	1100 10. 51005 5005 5.51
Brief description of filing. (If filing follows	rates of an advisory organization, specify	organization):
0164 rate of \$0.42 per \$100 payroll		-
*Adjusted to reflect all prior rate changes		
**Change in Company's premium level w	hich will result from application of new ra	tes.
	A series of the series of the series	0
	Argonaut-Midwest Insur	ance Company 19828-0457
		Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Stefanie Westerdahl Regulatory Analyst

Official - Title

MAY 1 5 2009

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

effective July 10, 2009

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JUL 1 0 2009

Change in Company's premium or rate level produced by rate revision.

-	(1)	(2) Annual Premium	(3) Percent
1.	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
١.	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	A40.774.700	
15.	Other Workers Compensation	\$19,571,799	+7.3%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	• • • • • • • • • • • • • • • • • • • •	certain
	specify: No, app	lies to all classes.	
	Brief description of filing. (If f Organization, specify organization):		dvisory , deviating from the National Council on
	Compensation Insurance (NCCI) 1/1/09		
	NCCI advisory rates. All other classes are		
	*Adjusted to reflect all prior ra **Change in Company's premates.	ite changes.	
		Auto-Owners Insur	rance Company
			me of Company
		Jennifer I Smith A	

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Coverage	Volume (Illinois)*	
		Change (+ or −)**
. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
B. Liability Other Than Auto		
Burglary and Theft		
i. Glass		
5. Fidelity		
7. Surety		
B. Boiler and Machinery		
). Fire		
). Extended Coverage		
. Inland Marine		
!. Homeowners		
3. Commercial Multi-Peril		
l. Crop Hail		
o. OtherWorkers' Compensation Line of Insurance	1,822,000	
es filing only apply to certain territor	y (territories) or certain classes? If so	o, specify:
ief description of filing. (If filing follow		
LAW only Filing	•	imum Premium Filed by NCCI
PAU THE F. LING		
•		
Adjusted to reflect all prior rate chang	100	
Adjusted to reflect all prior rate chang Change in Company's premium level		new rates

Badger Mutual Insurance Company
Name of Company

Terry Falls-Workers'-Compensation Coordinator
Official — Title

JION OF INSURANCE TATE OF ILLINOIS/IDEPR

APR 0 1 2009

Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

JVISION OF INSUPANCE

SUMMARY SHEET

APR 0 1 2009

Change in Company's premium or rate level produced by rate revision FIELD, ILLINOIS effective April 1, 2009

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
,	Automobile Liability Private		
	Passenger		
(Commercial		
,	Automobile Physical Damag		
{	Private Passenger		•
(Commercial		
Į	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		:
	Extended Coverage		
	Inland Marine		
-	Homeowners		
-	Commercial Multi-Peril		4-44-4
	Crop Hail		**************************************
	•		
. (Other Workers' Compensation	261,042	+0.16%
	Life of Insurance		
	Does filing only apply to certa	nin territory (territories) or	certain
	Classes? If so,		
	specify: No		
	Brief description of filing. (If f	iling follows rates of an ac	dvisory
	Organization, specify		•
	organization):	Adoption of NCCI's 04/01/	09 Law-Only Loss Costs while
	maintaining our current LCM of 1.30 for	all class codes.	
		•	
	*Adjusted to reflect all prior ra	ite changes.	
	**Change in Company's prem	nium level which will resul	t from application of new
	rates.		•
		Bancinsure, inc.	
		Nar	me of Company
		Kathryn A. Shilling,	· •
			Official – Title

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>04/01/2009</u>.

(1) Coverage	(2) Annual Premium	(3) Percent
Sovorago	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability	(
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	921,794	+2.4%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cla	acces? If on chacify No.	
boes hing only apply to certain territory (territories) or certain di	23363: 11 30, specify	
Alexander of the second of the	····	
Drief description of filing (if filing follows rates of an advisory arg	oni-otion, angolify arganizat	ion) Con Filing Momorandum
Brief description of filing (if filing follows rates of an advisory organization) (Adopt 4/1/09 Advisory Rates)	amzation, specify organizat	ion) See rining internorandum,
1	1	
	only Filin	<i>c</i>
	/	,
* Adjusted to reflect all prior rate changes.		
Adjusted to reflect all prior rate changes.	- l' l' 6 4	

** Change in Company's premium level which will result from application of new rates.

BANKERS STANDARD INSURANCE COMPANY
Name of Company

Steve Kreider – WC Associate Product Manager

Official Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR

APR 0 1 2009

SUMMARY SHEET

Change in	n Company's	premium	or	rate	level	produced	by	rate
	effective							

(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change $(+ or -)**$
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$9,473,406	+2.5%
Line of Insurance		
	•	
Does filing only apply to certain	torritory (torritoriog)or	gortain glagges
If so, specify: N/A Applies to a	ell territories	Certain Classes:
II so, specify. N/A Applies to a	all tellitolies	
Brief description of filing. (If	filing follows rates of a	n advisorv
organization, specify organization		
		').
Illinois per Circular IL-2009-03	LAW only	/ tiling
	/	-
		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Bituminous	Casu	alty	Corporation	
Nar	ne of	Com	oany	

CIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Dan Trotter - Director - Rate Development & Filings
Official - Title

на **АРК 0 1** 2009

SUMMARY SHEET

Change in Company's	premium or	rate level	produced by	rate
revision effective	04/01/2009		•	

(1)	(2) Annual Premium	(3) Percent
. Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass		
6. Fidelity 7. Surety		
8. Boiler and Machinery		
9. Fire		· · · · · · · · · · · · · · · · · · ·
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,878,183	+2.5%
Line of Insurance		
Does filing only apply to certain If so, specify: N/A. Applies to		certain classes?
Brief description of filing. (If organization, specify organization		
Illinois per circular IL-2009-03.	LAW only	Filin
	7	· · · · · · · · · · · · · · · · · · ·

* Adjusted to reflect all prior rate changes.

Bituminous Fire and Marine Insurance Company

Name of Company

SION OF INSUPANCE
TATE OF ILLINOIS APPEARATE
OFFICE OF ILLINOIS APPEARATE
OFFICE OF ILLINOIS APPEARATE
OFFICE OF ILLINOIS APPEARATE
OFFICE OFF

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APR 0 1 2009

OPRINGFIELD, ILLINOIS

INS00106

^{**} Change in Company's premium level which will result from application of new rates.

Illinois

APR 1 3 2009

DIVISION OF INSUFANCE

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produ	uced by rate revision effective 4/1/2009	<u>9</u> .
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	,	
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		·
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$7,353,405	+2.5%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories	s) or certain classes? If so, specify	
Applicable to all territories and classifications		
Brief description of filing (if filing follows rates of a		
Loss Costs referenced in approval circular IL-2009-03.	LAW only Fili	nq
* Adjusted to reflect all prior rate changes.		<i></i>
** Change in Company's premium level which w	rill result from application of new rates.	
	Carolina Casualty Insurar	nce Company
		Name of Company
		• •

Stacye E. Adams - Sr. Compliance & Regulatory Specialist

Official __Title_____TINCE SION OF INSUFIANCE TATE OF ILLINOIS/IDEPR

APR 0 1 2009

SUMMARY SHEET

	Change in Company's premium or ra	te level produced by rate revision effective	September 1, 2009
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
 . 5.	Glass		
5. 6.	Fidelity		
7.	Surety	**************************************	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp	\$3,710,857	+2.5%
	Line of Insurance		
Does i	filing only apply to certain territory (territories) or certain classes? If so, specify:	
Ado	description of filing. (If filing follow pting IL law only Filing reflecting the timent Center Fee Schedules loss cost	vs rates of an advisory organization, specify of e implementation of the Hospital Outpatient is	organization): and Ambulatory Surgical

Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS/IDEPR

SEP 0 1 2009

Central Mutual Ins Co Name of Company

(Mrs.) Petrise Meyer Sr Rates and Forms Analyst Official - Title

FORM RF-3

	(1)	(2)	
	Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or 1)*
1.	Automobile Liability Private Passenger Commercial		<u> </u>
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	·	
8.	Boiler and Machinery		<u> </u>
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi Peril		
14.	Crop Hail		
15.	Workers Compensation	\$4,568,462.00	
16.	Other	4 1,000,102.00	2.17% -

Church Mutual Insurance Company Name of Company LYNN A. Reichelt Director--Casualty Lines
Official - Title SPRINGFIELD, ILLINOIS 04/03/2009

^{*} Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	July 1, 2009
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	voidine (illinois)	Onunge (· O.)
Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		and the second s
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$67,631,901	+2.5%
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specif	y: All classes and codes are affected.
,	,	
Brief description of filing. (If filing follows ra 4-1-2009 rate change for a company effect Please reference NCCI circulars IL-2009-0	tive date of 7-1-2009.	organization): We are adopting NCCI's
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new rate	es.
	The Cin	cinnati Casualty Company
	ne cine	Name of Company
		Hamo of Company
	Kara Arms	tead - Senior Filings Analyst
		Official – Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	July 1, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	¢7 700 600	+2.5%
15. Other Workers Compensation Line of Insurance	\$7,722,693	
Ellie of mourance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	All classes and codes are affected.
Brief description of filing. (If filing follows	rates of an advisory organization, specify o	rganization): <u>We are adopting NCCI's</u>
4-1-2009 rate change for a company effective of the company of the change for a	02 and II 2000 01	
Please reference NCCI circulars IL-2009	-03 and IL-2009-01.	
*Adjusted to reflect all prior rate changes		
	hich will result from application of new rates	i .
Change in Company o promisin love w	Their will result from application of new rates	•
	The Cincir	nnati Indemnity Company
		Name of Company
	Kara Armste	ead - Senior Filings Analyst
		Official - Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	July 1, 2009
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12 Homeoure		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$15,533,603	+2.5%
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	All classes and codes are affected.
Brief description of filing. (If filing follows rate		
4-1-2009 rate change for a company effectiv Please reference NCCI circulars IL-2009-03	e date of 7-1-2009.	
Please reference NCCI circulars IL-2009-03	and 1L-2009-01.	
		· · · · · · · · · · · · · · · · · · ·
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	n will result from application of new rates	
	The Cincin	nati Insurance Company
	11,0 011011	Name of Company
	Kara Armste	ad - Senior Filings Analyst
		Official – Title





SUMMARY SHEET

Change in Company's premium revision effective 05/01/0	n or rate level produce	ed by rate
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		_
15. Other Workers Compensation	\$1,019,637	1.7%
Line of Insurance		
Does filing only apply to certain If so, specify: No.	territory (territories	s)or certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates	of an advisory
Adopting NCCI rates as found in NC	CCI Circular IL-2008-1	3.
		DIVISION OF INSURANCE
		STATE OF ILLINOIS/IDFPR
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will	MAY 0 1 2009
		SPRINGFIELD, ILLINOIS
	Citizens Insurance Co	
	Name of Co	ompany

Michele L. Holm - Pricing Consultant
Official - Title

SUMMARY SHEET

nt
or -)**

2.	Automobile Physical Damage	
	Private Passenger	
	Commercial	
3.	Liability Other Than Auto	
4.	Burglary and Theft	
5.	Glass	
6.	Fidelity	
7.	Surety	
8.	Boiler and Machinery	
9.	Fire	

10. Extended Coverage

11. Inland Marine

12. Homeowners

13. Commercial Multi-Peril

14. Crop Hail

15. Other Workers Compensation \$4,395,523 3.5%

Line of Insurance

Does filing only apply to certain territory (territories)or certain classes?

If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI rates as found in NCCI Circular IL-2008-13.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

MAY 0 1 2009

Citizens	Insuranc	e	Company	of	Illinois	
	Name o	эf	Company			

Michele	Τ	Holm	_	Pricing	Consultant	
IIICIICIC				- Title		

Form ((RF-3)
. 01111	1111-01

	Change in Company's premium or rate le	evel produced by rate revision effective	8/1/09
	-		
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	JCE \	
3.	Liability Other Than Auto	PR	
4.	Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety		
5.	Glass DIVITATE DE		
6.	Fidelity Surety Boiler and Machinery	79 /	
7.	Surety (1975)		
8.	· · · · · · · · · · · · · · · · · · ·		
9.	Fire SELD.		
10.	Extended Coverage		
11.			
12.	Homeowners		
13.	Commercial Multi-Peril		
14.			
15.		\$1,111,692	2.50%
	Line of Insurance		
_		(a di a) an andala alamano (fina annaifi	No
Doe	s filing only apply to certain territory (territ	tories) or certain classes? It so, specify	INO
Brio	f description of filing (If filing follows rate	s of an advisory organization, specify orga	anization).
Dile		oval circular IL-2009-03 from 4/1/09 to 8/1/	
		Trai di dalai 12 2000 do iloiti 47 1/00 to di Il	· · · · · · · · · · · · · · · · · · ·
	LAW only Filing		

Adjust to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

COLUMBIA NATIONAL INS. CO. Name of Company

Dennis McVay, CPCU Director, Research & Development
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Comp	pany's premium or rate level p	produced by rate revision effective	6/1/2009 NB & RB
	(1)	(2) Annual Premium	(3) Percent
9	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Liability Private ger Commercial		
2. Automobile	Physical Damage Passenger Commercial	10. APRILIPATION 1. TO 1	
	er Than Auto		
4. Burglary and			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and M	lachinery		
9. Fire			
10. Extended Co	overage		
11. Inland Marin			
12. Homeowner	s		
13. Commercial			
14. Crop Hail			
•	orkers Compensation	\$28,520,386	3.3%
	Line of Insurance		
			•
Does filing only a	apply to certain territory (territ	ories) or certain classes? If so, specify:	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
· ·	of filing. (If filing follows rates closed Actuarial Memorandum.	of an advisory organization, specify org	ganization): NCCI
	ect all prior rate changes. npany's premium level which	will result from application of new rates.	
		2 "1	
		**************************************	ated Insurance Company
		Ni	ame of Company
		Dan Francis,	Sr. Regulatory Filing Analyst
			Official – Title

TATE OF ILLINOIS/IDFPR

JUN 0 1 2009



MAY 0 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revi	sion effective May 1.	2009	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
Automobile Liability Private Passenger Commercial	volume (minora)		
Automobile Physical Damage Private Passenger Commercial			
3. Liability Other than Auto		-TO-A-Market State	
4. Burglary and Theft DIVISION OF THE STATE			
7. Surety 8. Boiler and Machinery LIAY 1 2009 9. Fire			
10. Extended Coverage 11. Inland Marine 12. Homeowners SPRINGFIELD, ILLINOIS			
13. Commercial Multi-Peril			
14. Crop Hail 15. Workers Compensation 16. Other	\$5,500,000	2.5%	
Line of Insurance			
Does filing only apply to certain territory (territories) or certain class	ses? If so, specify No		
Brief description of filing (if filing follows rates of an advisory organi	ization, specify organizat	ion) Adopting NCCI	
Voluntary rates and rating values effective April 1, 2009 with	out deviation. Propos	ed effective date is 5/1/09. LA	nonly Filing
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from applic	cation of new rates.		Filing
	Continent	al Indemnity Company Name of Company	
		earich, Actuary	
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective $\underline{8/1/2009}$

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	$\underline{\text{Change } (+ \text{ or } -)^{**}}$
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		-
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other WC	\$3,359,004.	+2.5%
	Line of Insurance		
Does No	filing only apply to certain territory (territories) or certain classes? If	so, specify:
Ado	description of filing. (If filing follow pting NCCI revised loss costs in La	w-Only Filing dated effective A	
Revi	ising Company exception page WC	-LICA-1.	
	djusted to reflect all prior rate change hange in Company's premium level v		of new rates.
	DIVISION OF INSURANCE	Continental West	ern Insurance Company
			of Company
	AUG 0 1 2009		
	SPRINGFIELD, ILLINOIS	Sharon Winter Stat	istical & Research Analyst
	SPRINGFILL	Offi	cial - Title
H292	19D	<u> </u>	

Section 754.EXHIBIT ASummary Sheet (Form RF-3)

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009 For New and Renewal Policies.

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Glass		
Fidelity	1.10-110-110-1	
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation Life of Insurance	\$141,399	+ 2.5%
	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation

Does filing only apply to certain territory (territories) or certain Classes? If so, specify : N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI Voluntary Market Law-Only Loss Cost Filing Effective April 1, 2009 For New and Renewal Policies

* Adjusted to reflect all prior rate changes

** Change in Company's premium level which will result from application of new rates.

Name of Company

Cooperative Mutual Insurance Company

Official - Title

APR **0 1** 2009

STATE OF ILLINOIS/IDEPR

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective April 1, 2009	

-	(1) Coverage		(2) nual Premium ume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	VOI	une (minois)	Change (101-)
••	Passenger			
	Commercial	***************************************		· · · · · · · · · · · · · · · · · · ·
2	Automobile Physical Damag			A STATE OF THE STA
	Private Passenger			•
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6 .	Fidelity			
7.	Surety			
8.	Boiler and Machinery		····	
9.	Fire			
10. 11.	Extended Coverage			
12.	Inland Marine			
13.	Homeowners Commercial Multi-Peril			
13. 14.	Crop Hail			
15.	Other Workers Compensation	\$83,334		% +2 .5
	Life of Insurance	\$00,004		76+2.5
•				
	Does filing only apply to certain	in terri	tory (territories) or	certain
	Classes? If so,			
	specify: N/A			
	Drief description of Stines (16.6)	l'	1	4.3.
	Brief description of filing. (If fill Organization, specify	iing ioi	lows rates of an a	avisory
	organization):	F	astGUARD adopts the Ac	dvisory Rates as released by the National
	Council on Compensation Insurance., eff	_		
	increase of 2.5%, for all policies effective or			w only Filing
	*Adjusted to reflect all prior rai	te cha		
	**Change in Company's premi	ium le	vel which will resu	It from application of new
	rates.			
			EastGUARD Insur	
	INISION OF THE			me of Company
	STATE OF ILLINOIS/IDEP	CE		Filings Representative
	FI E D	•	(Official – Title
	APP 0 1 2000			

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level p	roduced by rate revision effective	04/01/09	
(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
Ooverage	Volume (minolo)		<u> </u>
Automobile Liability Private			
Passenger Commercial		****	
Automobile Physical Damage			
Private Passenger Commercial			
Liability Other Than Auto			
Burglary and Theft	-		
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril		***************************************	
14. Crop Hail			
15. Other Workers Compensation	\$8,761,166	2.50)%
Line of Insurance			
Does filing only apply to certain territory (territory		All territo	ries, all classes with
exception for class code 6204 Drilling NOC ar	nd Drivers rate of \$12.01		
Brief description of filing. (If filing follows rates		ganization):	We are adopting the
advisory rates approved in NCCI circular IL-20	009-03 at current modification of 1.00.		
		<i>L</i>	AW only Filing
			1
*Adjusted to reflect all prior rate changes.			
**Change in Company's premium level which	will result from application of new rates.		
	EMC	CASCO Insurance Co	
		Name of Company	/
	Don Coug		Assistant Vice President
		Official - Title	

STATE OF INSUFANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective (1997) (1997)

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger	0	0
Commercial	0	0
Automobile Physical Damag		
Private Passenger	0	0
Commercial	0	0
Liability Other Than Auto	0	0
Burglary and Theft	0	0
Glass	0	0
Fidelity	0	0
Surety	0	0
Boiler and Machinery	0	0
Fire	0	0
Extended Coverage	0	0
Inland Marine	0	0
Homeowners	0	0
Commercial Multi-Peril	0	0
Crop Hail	0	0
Other Workers Compensation	13,668,828	3.8%
Life of Insurance		
Does filing only apply to cer Classes? If so, specify: Filing	tain territory (territories) o	r certain
Brief description of filing. (If	f filing follows rates of an a	advisory
Organization, specify		
organization):	The intent of the filing is	to adopt th IL 04.01.2009 advisory ra
effective 07.01.2009.		ALL ONLY ET
		Aw only Filing

Employers Assurance Com	pany
Name of C Melody A Misiaszek	Company Open spects into a tribusta Open specific into a tribusta Open spects into a tribusta Open specific into a tribusta Open spects into a tribusta Ope
Official -	- Title

rates.

APR - 9 2009

DIVISION OF INSURANCE

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produce	d by rate revision effective	July 12	P00	
(1) Coverage	(2) Annual Pre		(3) Percent	
Automobile Liability Private Passenger	Volume (Illi	nois)* C	hange (+ or –)**	
Commercial 2. Automobile Physical Damage Private Passenger				
Commercial 3. Liability Other than Auto 4. Burglary and Theft				
5. Glass 6. Fidelity				
7. Surety 8. Boiler and Machinery 9. Fire				
10. Extended Coverage 11. Inland Marine 12. Homeowners				
13. Commercial Multi-Peril14. Crop Hail15. Workers Compensation	\$x 75)		+2.5%	
16. OtherLine of Insurance	——————————————————————————————————————			
Does filing only apply to certain territory (territories) of	or certain classes? If so, spe	ecify		
Brief description of filing (if filing follows rates of an a				
Council on Compensation 1 released 2-19-09.	LAW only	Filing	-2009-01,	
 * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will reference. 	esult from application of new ra	ates.		
·		Employer	S Compusation	n Ins Co
		Terry	Marie Coun Official - Title	ce
SION OF INSUFANCE STATE OF ILLINOIS/IDEPR		Serior	Product Mi	mager
JUL 0 1 2009				

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	04/01/09
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial 3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	M**	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$4,590,969	2.50%
Line of Insurance		
Brief description of filing. (If filing follows rat advisory rates approved in NCCI circular IL-		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic		oyers Mutual Casualty Company Name of Company
	Do	on Coughennower Assistant Vice President Official - Title
		STATE OF ILLINOIS/IDFPR
		APR 0 1 2009
		OPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective 04/01/2009	

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	_ Change (+or-) **
1.	Automobile Liability Private	**************************************	
	Passenger	0	0
	Commercial	0	0
2	Automobile Physical Damag		
	Private Passenger	0	0
	Commercial	0	0
3.	Liability Other Than Auto	0	0
4.	Burglary and Theft	0	0
5.	Glass	0	0
6.	Fidelity	0	0
7.	Surety	0	0
8.	Boiler and Machinery	0	0
9.	Fire	0	0
10.	Extended Coverage	0	0
11.	Inland Marine	0	0
12.	Homeowners	0	0
13.	Commercial Multi-Peril	0	0
14.	Crop Hail	0	0
15.	Other Workers Compensation	761,983	3.8%
	Life of Insurance		

2.10 01 111001	41100			
Does filing only app Classes? If so, specify:	oly to certain territory (territory Filing is not class or territory p		DIVISION OF INSI	
Specify.			L ROIS	DEPOCE
Brief description of Organization, spec	filing. (If filing follows rates	s of an advisory	Son JUL 0 1 2009	/
organization):	The intent of the	ne filing is to adopt th		
effective 07.01.2009.			ILLINO!	
*Adjusted to reflect	all prior rate changes		740/	8

	Employers Preferred Insurance Company
	Name of Company Melody A Misiaszek
•	Official - Title

^{*}Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective		05/01/09
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		·······
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		WE-141
Commercial	A PART AND A STATE OF THE STATE	
Liability Other Than Auto Burglary and Theft SION OF INSUFIANCE Burglary and Theft SION OF INSUFIANCE		
6. Fidelity		
7. Surety 1 2009		
7. Surety 8. Boiler and Machinery MAY 0 1 2009		
Q Fire		-
10. Extended Coverage	S —	
10. Extended Coverage 11, Inland Marine		
12. Homeowners	And the second s	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$9,696,938	+5.0%
Line of Insurance		
Does filing only apply to certain territory (territories Brief description of filing. (If filing follows rates of a	an advisory organization, specify or	rganization):
is 1.567 and the proposed is 1.645.		
*Adjusted to reflect all prior rate changes. *Change in Company's premium level which will r	result from application of new rates	
	Erie Insurance	e Exchange
	Name of Co	
	11 1	-
	Von toutralle	
	Ross C. Fonticella, ACAS, MAA	Δ
	Vice President and Manager	•
	-	Tist
	Official -	THIE

DEC 2 2 2008

IDFPR (MPC) Division of Insurance Springfield

Form (RF-3)

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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate level produc	ced by rate revision effective	05/01/09
	(1)	(2)	(0)
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial	عال ا	
2.	Automobile Physical Damage OF INSUIDFP Private Passenger ION OF INSUIDFP	R	
	Commercial TATE OF BLANK		
3.	Liability Other Than Auto		
4.	Burglary and Theft 1 2005		
5.	21/7		
6.	Fidelity Surety Boiler and Machinery Fire	INDIS 1	
7.	Surety Surety	Harri	
8.	Boiler and Machinery CARINGFIELD		
	Fire		
10.	Extended Coverage		
	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$1,218,982	+5.0%
	· Line of Insurance		
	•		
Doe	s filing only apply to certain territory (territories) of	or certain classes? If so, specify:	No
		•	
			-
Brie	f description of filing. (If filing follows rates of an	advisory organization, specify organization	anization):
	This filing is to increase the loss cost multipliers	by 5%. The current loss of	
	is 1.410 and the proposed is 1.481.		
	justed to reflect all prior rate changes.		
**Ch	ange in Company's premium level which will res	ult from application of new rates.	
		Erie Insurance FI	agship City
		Name of Con	npany
		Call of the	
		Woss milicile	
		Ross C. Fonticella, ACAS, MAAA	
		Vice President and Manager	
		Official - T	itle

DEC 2 2 2008

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Change in Company's premium or rate le	evel produced by rate revision effective	05/01/09
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger	a light with	
Commercial	OF INSUIPPPR	
Commercial 2. Automobile Physical Damage Physical Damage Physical Damage Physical Damage Physical Damage Physical Physical Damage Physical Da	ILLÍNOIS DE LA COMPANION DE LA	
Private Passenger		
Commercial	7009	
3. Liability Other Than Auto	W 0 1 5 -	
4. Burglary and Theft \ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	AX 0 1 2009	
5. Glass	NGFIELD, ILLINOIS	······································
6. Fidelity	NGENELD	· · · · · · · · · · · · · · · · · · ·
7. Surety CPR	IN.	
8. Boiler and Machinery		
9. Fire		
Extended Coverage	***************************************	
1, Inland Marine	***************************************	
2. Homeowners	***************************************	
Commercial Multi-Peril	The state of the s	
4. Crop Hail		
5. Other Workers Compensation	\$67,029	+5.0%
Line of Insurance		, 3.0 %
oes filing only apply to certain territory (t	territories) or certain classes? If so, specify:	NO
rief description of filing. (If filing follows This filing is to increase the loss cost is 1.802 and the proposed is		
Adjusted to reflect all prior rate changes		
Change in Company's premium level wh	nich will result from application of new rates.	
	Erie Insurance Propert	v & Casualtv
	Name of Comp	
	Choss Frontar Me	uny
	Ross C. Fonticella, ACAS, MAAA	
	Vice President and Manager	

Official - Title

DEC 2 2 2008

IDFPR (MPC) Division of Insurance Springfield

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produc	ced by rate revision effective	05/01/09
(1)	(2)	(3)
, ,	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability	· oranic (minors)	Ondrige 1. Of -7
Private Passenger		
Commercial	Add the determinant of the control o	
Automobile Physical Damage	A	***************************************
Private Passenger	***************************************	
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		*****
6. Fidelity		
7. Surety 2009		
8. Boiler and Machinery		
7. Surety 8. Boiler and Machinery 9. Fire MAY 0 1 2009		
9. Fire 10. Extended Coverage 11, Inland Marine 12. Homeowners 13. Commercial Multi-Peril	MOIS	·····
11, Inland Marine		
12. Homeowners	-	
14. Crop Hail		
15. Other Workers Compensation	<u>\$1,177,287</u>	+5.0%
Line of Insurance		
ers erst		
Does filing only apply to certain territory (territories)	or certain classes? If so, specify	No No
Brief description of filing. (If filing follows rates of an	advisory organization, possible or	ranalantia a l
This filing is to increase the loss cost multipliers		
is 1.254 and the proposed is 1.317.		Cost multiplier
is 1.254 and the proposed is 1.317.		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which will re-	sult from application of new rates	
onsings in sompony opionium tovo. Whot, this to	but from application of new rates.	•
	Erie Insurance Com	pany of New York
	Name of C	
	1.1 1 1.11	•
	Hoss toutrelle	
	Ross C. Fonticella, ACAS, MAA	A
	Vice President and Manager	
	Official -	- Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

DEC 2 2 2008

RECEIVED

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

05/01/09

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Autobobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto ION OF INDISIDEPP	,	
4.	Burglary and Theft TATE OF THE		
5.	Glass		
6.	Fidelity 2003		
	Glass Fidelity Surety APR 0 1 2009		
8.	Boiler and Machinery Fire Extended Coverage RINGFIELD, ILLI	INOIS	
-	Fire The Fire		
10.	Extended Coverage 27RING.		
11.	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	<u>\$1,509,518</u>	+5.0%
	Line of Insurance		
Doe	s filing only apply to certain territory (territories)	or certain classes? If so, specify:	No
······································			
Brie	f description of filing. (If filing follows rates of ar	n advisory organization, specify or	ganization):
	This filing is to increase the loss cost multipliers	s by 5%. The current loss cos	t multiplier
	is 1.640 and the proposed is 1.722.		
	justed to reflect all prior rate changes. lange in Company's premium level which will re	sult from application of new rates	
		and the second s	
		Erie Insurance	
		Name of Co.	mpany
		Kan Fontralle	
		Ross C. Fonticella, ACAS, MAAA	1
		Vice President and Manager	
		Official - T	litle .

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		4/1/2009	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance	4,632,670	+ 2.5% @	
Does filing only apply to certain territory (territories) or c	ertain classes? If so, specify	No	
Brief description of filing (if filing follows rates of an advi	sory organization, specify orga	nization)	
Adoption of NCCI approved 4/1/09 loss costs with a cor NCCI approval circular IL-2009-03	mpany effective date of 4/1/200	9. No change to 1.600 loss cost multi	olier.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

@ estimated

Everest National Ins. Name of Comp Shiranie Fernandez Filing Analyst.
Official - Tit

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	inge in Company's premium or rate lev	el produced by rate revision effective	4/1/2009
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass		
6. 7.	Fidelity Surety		
8. 9. 10.	Boiler and Machinery Fire Extended Coverage		
12.	Inland Marine Homeowners Commercial Multi-Peril		
14.	Crop Hail Other Workers Compensation	\$1,169,754	2.4%
Doe	Line of Insurance es filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	No
	ef description of filing. (If filing follows ra	ates of an advisory organization, specify or	ganization): Adoption of Illimois
	,		
	justed to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates	
		Farmland	Mutual Insurance Company
		N	lame of Company
		Brad Liggett -	Vice President of Underwriting
			Official - Title



APR 0 1 2009

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 04/01/2009	

-	(1)	(2) Annual Premium	(3) Percent Change (+or.) **
1.	Coverage -	Volume (Illinois) *	Change (+or-) **
١.	Automobile Liability Private Passenger		
	Commercial		**************************************
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	· · · · · · · · · · · · · · · · · · ·	
8.	Boiler and Machinery	***************************************	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	· · · · · · · · · · · · · · · · · · ·	***************************************
13.	Commercial Multi-Peril	•	The state of the s
14.	Crop Hail		
15.	Other wc	4,061,445	2.5%
	Life of Insurance	1,001,110	2.070
•	Does filing only apply to certai Classes? If so,	n territory (territories) or	certain
	specify: No.	· · · · · · · · · · · · · · · · · · ·	
	Brief description of filing. (If fil	ing follows rates of an a	dvison
	Organization, specify	ing follows rates of all a	ı ı
	organization):	Loss cost adoption.	LAW only Filing
	,		THE DAY I WAY
	~.		
	*Adjusted/to/reflect all prior rat	e changes.	
	**Change in Company's premi rates.	um level which will resul	t from application of new
	rates.		• •
	APR 0 1 2009	Federated Rural El	ectric Insurance Exchange
,	1 2000	Nar	me of Company
,	SPRINGFIELD, ILLINOIS	Shelly George, Actu	
	WGFIELD "		Official – Title
	LLINOIS		

SUMMARY SHEET

		(1)	te level produced by rate revision effective (2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		bile Liability Passenger		
	Comme			
2.	Private	bile Physical Damage Passenger		
	Comme			
3.		Other Than Auto		
4.		and Theft	A 10 10 10 10 10 10 10 10 10 10 10 10 10	
5.	Glass		and the second s	
6.	Fidelity			
7.	Surety			
8.		nd Machinery		
9.	Fire			
10.		d Coverage		
11.	Inland M	Sarine		
12.	Homeov	vners		
13.		cial Multi-Peril		
14.	Crop Ha	il		
15.	Other	Workers' Compensation	\$12,752,756	+2.5%
		Line of Insurance		
Does f	iling only a	apply to certain territory (t	erritories) or certain classes? If so, specify:	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Delayed adoption of the IL - Law-Only Filing Reflecting the Implementation of the Hospital Outpatient and
Ambulatory Surgical Treatment Center (ASTC) Fee Schedules - Voluntary Advisory Rates and Advisory Loss Costs
Effective April 1, 2009. Our selected effective date is July 1, 2009. The percent of change listed above is estimated.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Com
Name of Company

Wanda Raymond R&D Senior Associate

Official - Title

STATE OF ILLINOIS/IDEPR

JUL 0 1 2009

APR 2 4 2009

DIVISION OF INSURANCE

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produce	d by rate revision effective 1/1/20	009
	(2)	(3)
(1) Coverage	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,654,226	+3.5%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) Brief description of filing (if filing follows rates of an		
IL - 2008-07 filing.		
Adjusted to reflect all prior rate changes.	the state and least on of now rates	
** Change in Company's premium level which will	result from application of flew fates.	
	Ga	iteway Insurance Company
		Name of Company
	Lvi	n Ward, V.P Compliance
· Di	VISION OF INSURANCE STATE OF ILLINOIS/IDFPR	Official — Title
	JAN 0 1 2009	

APR 24 2009

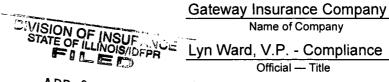
ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 4/1/2009

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
Automobile Liability		
Private Passenger	·	
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,875,414	+2.5%
16. Other		
Line of Insurance		
Silver and the second	ar and in plantage If an appoint NO	
Does filing only apply to certain territory (territories)	of certain classes? If so, specify 140	
		Adoption of NCCI's
Brief description of filing (if filing follows rates of an	advisory organization, specity organiza	ition) / Goption of 110019
IL-2009-01 "law only" filing		

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.



APR 0 1 2009

ILLINOIS SUMMARY SHEET FORM RF-3

Cha	inge in Company's premium or rate level produced by	rate revision effective April 1, 2	2009
	(1)	(2) Annual Premium	(3) Percent Change (+ or -)**
4	Coverage	Volume (Illinois)*	Change (+ or -)
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto	A STATE OF THE STA	
4.	Burglary and Theft		
5.	Glass		****
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	5,744,259	+2.5
16.	Other		
	Line of Insurance		
Dos	es filing only apply to certain territory (territories) or ce	ertain classes? If so, specify	
D 00	so ming only apply to contain territory (territories) of co		· · · · · · · · · · · · · · · · · · ·
Brie	ef description of filing (if filing follows rates of an advis	ory organization, specify organizat	ion) Filing to maintain
	rently approved deviation of 1.050 to be used effective		
	proved in NCCI Circular IL-2009-03.		
	Adjusted to reflect all prior rate changes.		
**	change in Company's premium level which will resu	It from application of new rates	
	change in Company's premium level which will resu	it from application of new rates.	
		Great West Casualty (Company
	-	Name of Cor	
	1/13/02	Janice L. Hohens	tein CPCU
	STATE OF ILL INSURANCE	Actuarial Ar	
	STATE OF ILLINOIS/IDFPR	Official - T	
	ADD		
	APR 0 1 2009		

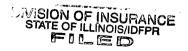
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\underline{\text{July 1, 2009}}$.

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical I Private Passenger Commercial		
3. Liability Other Than	Auto	
 Burglary and Theft 		
5. Glass		
6. Fidelity		
7. Surety	 	
8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peri		
14. Crop Hail		
15. Other Workers Compens	sation 11,297,381	+8.1%
Line of Insu	rance	
Brief description of fill organization, specify or Adoption of NCCI loss coand IL-2009-03 with an infor new and renewal policy.	ing. (If filing follows rates of ganization): sts and rating values per approval ncreased LCM of 1.590 to become ef cies. This is a combination of tw (per IL-2008-13) and the 4/1/09 Law	an advisory circulars IL-2008-13 fective July 1, 2009 o NCCI filings: the
* Adjusted to reflect a: ** Change in Company's procesult from application	remium level which will	
STATE OF ILLINOIS/IDEPR	Grinnell Mutual Reinsur	rance Company
JUL 0 1 2009	Name of Compa	ny
	Karen Bethea - Ac	tuarv
PRINGFIELD, ILLINOIS	Official - Ti	
ILLINOIS	V4.4.04.04. I.I.	INS00106

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	el produced by rate revision effective	4/15/2009
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		***************************************
	Inland Marine Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other 16.0 Workers' Compensation	80,580	2.4%
10.	Line of Insurance		2.177
	Ellio of modification		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	NO
		ates of an advisory organization, specify organioning NCCI Circular IL-2009-03 with no deviation changes.	ization):
*Ad	justed to reflect all prior rate changes.		
		nich will result from application of new rates.	
		GuideOne Elite Insurance Compa	ny
		Name	of Company
		Scott Reddig, Chief Actuary & SV	P
		Offi	cial – Title



APR 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate leve	I produced by rate revision effective	4/15/2009
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety _		
8.	Boiler and Machinery		
9.	Fire _		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other 16.0 Workers' Compensation	1,063,633	2.1%
	Line of Insurance		
Do	os filing only apply to cortain territory (ter	ritories) or certain classes? If so, specify:	NO
DO	es ming only apply to certain terntory (ter	Thories) of certain classes: if so, specify.	NC
Brid	of description of filing (If filing follows rat	es of an advisory organization, specify organ	ization).
		ng NCCI Circular IL-2009-03 with no deviation changes.	
WE	are ming in response to recent law change. Adoptin	ig 14001 Oirculat 1E-2009-05 With 120 deviation changes.	
*Ac	ljusted to reflect all prior rate changes.		
		ch will result from application of new rates.	
		GuideOne Mutual Insurance Com	nany
			of Company
		Scott Reddig, Chief Actuary & SV	P
		Offi	cial Title



_{Springfield,} Illinois

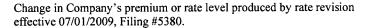
SUMMARY SHEET

Change in Company's premiur revision effective 05/01/0		by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,274,428	1.9%
Line of Insurance		
Does filing only apply to certain If so, specify: No. Brief description of filing. (If organization, specify organization	filing follows rates of	
- '		
Adopting NCCI rates as found in NC	CCI Circular 1L-2008-13.	
	DIVICIO	Ma
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rates. MA SPRINGE Hanover Insurance	
	Name of Comp	any

Michele L. Holm - Pricing Consultant
Official - Title

FORM (RF-3)

SUMMARY SHEET



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APR - 6 2009
DIVISION OF INSURANCE

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger	·	
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		<u> </u>
5.	Glass		
6.	Fidelity Tidelity		
7.	Glass Fidelity Surety Boiler and Machinery		
8.	Boiler and Machinery	Ì	
9.	Boiler and Machinery Fire 2009		
10.	Extended Coverage Inland Marine Homeowners	015	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,019,098	+2.5%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No certain territory. No certain class.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting National Council on Compensation Insurance (NCCI) Filing Circular IL-2009-01. The rate change is due to the change in medical fee schedules.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Name of Company

Name of Company

Anne Thomas, Program Manager

Official--Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level pro	oduced by rate revision effective _	04/01/09			
(1) Coverage	(2) Annual Premium Volume (Illinois)*		CI	(3) Percent nange (+ or	-)**
<u>5575/4</u> 35					,
Automobile Liability Private					
Passenger Commercial		_			
Automobile Physical Damage					
Private Passenger Commercial					
3. Liability Other Than Auto					
Burglary and Theft		_			
5. Glass 6. Fidelity		_			
7. Surety					
Boiler and Machinery		_			
9. Fire		_			
10. Extended Coverage					
11. Inland Marine		-	.,		
12. Homeowners		_			
13. Commercial Multi-Peril					
14. Crop Hail					
15. Other Workers Compensation	\$3,225,999	_	2.50%		
Line of Insurance					
Does filing only apply to certain territory (territor exception for class code 6204 Drilling NOC and		: <u>/</u>	All territorie	s, all classe	s with
Brief description of filing. (If filing follows rates	of an advisory organization, specify or	ganization):		We are add	pting the
advisory rates approved in NCCI circular IL-200	09-03 at current modification of 1.00.		<i>f</i>		121.1
			LAW	only	1-11/19
				/	
*Adjusted to reflect all prior rate changes				/	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which w	rill result from application of new rates				
Change in Company's plemium level which w	in result from application of new rates.	•			
	Illinois	Emcasco Ins	surance Co	ompany	
		Name of C	Company		
	Don Cougl			Assistant V	ice President
		Official	- Title		

SION OF INSUFIANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

SUMMARY SHEET

Form (RF-3) IMT

Change in Company's premium or rate level produced by rate revision effective: 4/1/09

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		SINISION OF INSURANCE
8.	Boiler & Machinery		THE OF ILLINOIS/IDFPR
9.	Fire		
10.	Extended Coverage		APR 0 1 2009
11.	Inland Marine		GFIELD, ILLINOIS
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	\$584,888.00	+2.5%
16.	Other:		
Does fili If so, sp	Line of Insurance ng only apply to certain territory (t ecify:	erritories) or certain classes? <u>No</u>	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective April 1, 2009, we wish to adopt the NCCI filing of advisory rates and rating values that were filed and approved to be effective that date for both companies in The IMT Group.

IMT Insurance Company
Name of Company

Jason Thompson, BA, MA Filing Analyst, Research & Development
Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS SUMMARY SHEET

FORM RF-3

10-01-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	,	
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	143,971,666	+2.4%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or c	ertain classes? If so, specify <u>No</u>	· · · · · · · · · · · · · · · · · · ·
Brief description of filing (if filing follows rates of an advis (Adopt 4/1/09 Advisory Rates)	sory organization, specify organization	tion) See Filing Memorandum;
	Law only File	ng
* Adjusted to reflect all prior rate changes	1	

Change in Company's premium level which will result from application of new rates.

INDEMNITY INSURANCE COMPANY of N. AMERICA Name of Company

Steve Kreider – WC Associate Product Manager Official — Title

CCT 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level	produced by rate revision ef	fective 6/1/2009 NB & RB
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
11. 12.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
14.	Crop Hail Other Workers Compensation	\$5,407,866	2.5%
Brie	es filing only apply to certain territory (territory) ef description of filing. (If filing follows rate use refer to the enclosed Actuarial Memorandum.		n, specify organization): NCCI
*Ac	ljusted to reflect all prior rate changes. hange in Company's premium level whic	h will result from application	of new rates. Indiana Insurance Company Name of Company Dan Francis, Sr. Regulatory Filing Analyst
	AUL	OF INSUFIAMORE FILLINOIS/IDEPR 1 0 1 2009 FIELD, ILLINOIS	Official - Title RECEIVED JAN 2 1 IDEPR (MPG) DIVISION OF INSTRUMCE EPRINGE: LITT

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

JION OF INSUFIANCE

APR 0 1 2009

SUMMARY SHEET

	Change in Company's premium effective April 1, 2009	n or rate level produced	by rate revising FIELD, ILLIN
-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
-	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire	,	
	Extended Coverage Inland Marine		
	Homeowners		
	Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
	Crop Hail		
	Other Workers Compensation	\$68,661	+2.5%
	Life of Insurance		
	Does filing only apply to certain Classes? If so, specify: No	n territory (territories) or	certain
	Brief description of filing. (If fil Organization, specify	ing follows rates of an ad	dvisory
	organization):	Adoption of NCCI's Volunt	ary Advisory Rates and Rating Values
	effective April 1, 2009.		
	LAW only Hing		
	*Adjusted to reflect all prior rat **Change in Company's premi		It from application of new
	rates.	Insurance (Company of the West
			me of Company
			inell, Sr. Filing Analyst
			Official – Title

Illinois

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ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective April 1, 2009.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire APR 0 1 2009 10. Extended Coverage 11. Inland Marine 12. Homeowners Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 9 STATE OF ILLINOIS/IDFPR APR 0 1 2009	Volume (IIIInois)	Change (+ or –)
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail	_	
15. Workers Compensation	\$468,013	+8.2%
16. Other Line of Insurance		emical monadores de manos de mon
Does filing only apply to certain territory (territories) or certain clas	ses? If so, specify	
Brief description of filing (if filing follows rates of an advisory organ	ization, specify organiza	tion)
Adoption of NCCI's Law-Only Advisory Loss Costs, and Miscellaned	ous Values	

Adjusted to reflect all prior rate changes.
Change in Company's premium level which will result from application of new rates.

Lumbermen's Underwritng Alliance Name of Company

Donna Bauman - P&C Filing Analyst Official --- Title

SUMMARY SHEET

Change in Company's premiurevision effective 05/01/	nm or rate level produced	by rate .
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	<pre>Volume (Illinois) *</pre>	Change (+ or -)**
1. Automobile Liability		
Private Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
0. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
1. Crop Hail		
5. Other Workers Compensation	\$5,210,342	3.9
f so, specify: No.		
rief description of filing. (Increase riganization, specify organization)	f filing follows rates of on):	an advisory
dopting NCCI rates as found in 1	NCCI Circular IL-2008-13.	
	F	DIVISION OF INSURANCE
		STATE OF ILLINOIS/IDFPR
53		FILED
* Adjusted to reflect all prior	rate changes.	
* Change in Company's premium le result from application of nev	a rates	MAY 0 1 2009
result from application of new	· laces.	
		SPRINGFIELD, ILLINOIS
	Massachusetts Bay Insu	rance Company
	Name of Comp	any
	Michele L. Holm - Prica Official - Ta	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		4/1/09	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine			
12. Homeowners 13. Commercial Multi-Peril			
14. Crop Hail	270.000	.0.5%	
15. Other Workers' Compensation Line of Insurance	\$76,280	+2.5%	
adopting the changes made by NCCI in C Brief description of filing. (If filing follows changes made by NCCI in Circular IL-20 minimum premium is filed at \$750 as o attached manual exception page which i	s rates of an advisory organization, sp 09-03. Our only deviation is unchange ppposed to the NCCI maximum mininum prem	pecify: This is a reference filing. We are decify organization): We are adopting the defrom all prior rate filings. Our maximum mum premium of \$1000. Please see the ium is \$750. The manual exception page in 2008, 2007 and 2006.	Fi ling
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wl	hich will result from application of new r	ates.	
	ME	MIC Indemnity Company	
		Name of Company	
		Compliance Manager Official – Title	
		DIVISION	



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DIVISION OF INSURANCE

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
Automobile Liability		-
Private Passenger		
Commercial		
Automobile Physical Damage		***************************************
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	, 1784 L	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	11 00 11 0000	
14. Crop Hail		
15. Workers Compensation	\$160,880	+2.5%
16. Other		
Line of Insurance	And	
<u> </u>		
Does filing only apply to certain territory (territories) or c	ertain classes? If so, specify	
Applicable to all territories and classifications		
Brief description of filing (if filing follows rates of an advi	sory organization, specify organiza	ation) This filing is to adopt the NCC
	_ `_	
Loss Costs referenced in approval circular IL-2009-03.	LAW only Filing	
* Adjusted to reflect all prior rate changes.	, ,	
** Change in Company's premium level which will resu	It from application of new rates.	
	Midwest Employers Casua	alty Company
	- marrost Employers Casus	arcy Company

Stacye E. Adams – Sr. Compliance & Regulatory Specialist
Official — Title

O.VISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 0 1 2009

SPRINGFIELD, ILLINOIS

1.

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3. 4. 5.

6.

Glass

Fidelity

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

JUNI 0 1 2009

effective <u>06/01/2009</u>	·	BETTE IGFIELD, ILLINOIS
(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		0.0
Commercial		0.0
Automobile Physical Damag		
Private Passenger		0.0
Commercial		0.0
Liability Other Than Auto	***************************************	0.0
Burglary and Theft		0.0

7. Surety 0.0 8. **Boiler and Machinery** 0.0 9. Fire 0.0 10. Extended Coverage 0.0 11. Inland Marine 0.0 12. Homeowners 0.0

15. Other Work Comp Life of Insurance

13. Commercial Multi-Peril

Does filing only apply to certain territory (territories) or certain Classes? If so,

specify:

14. Crop Hail

All territories, all classes

\$999,345

Brief description of filing. (If filing follows rates of an advisory

Organization, specify organization):

NCCI 04/01/2009 rates

*Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.



Midwest Family Mutual Ins Co

Name of Company Heather Sams- R & D Analyst

0.0 0.0

0.0

0.0

+2.5

Official - Title

1 0 1 2009

ILLINOIS SUMMARY SHEET FORM RF-3

Chang	ge in Company's premium or rate leve	el produced by r (2)	rate revision effective: (3)	5/1/2009
	Coverage	(2)	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation		12,332,445	+2.4%
16.	Other:			

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization). Midwest Insurance Company is adopting the NCCI advisory rates effective April 1, 2009 with previously approved 10% downward deviations for class codes 2003, 3145, 3400, 3632, 8001, 8006, 8010, 8017, 8018, 8021, 8033, 8046, 8832, 9052, 9058, 9060, 9082, 9083, 9586. Midwest Insurance Company is adopting the revised rates effective 5/1/2009

LAW only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

JION OF INSURA JATATE OF ILLINOIS/IDEPR	Midwest Insurance Company Name of Company
MAY 0 1 2009	Larry E. Hochstetler-VP Planning Official - Title
CPRINGFIELD, ILLINOIS	

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Form (RF-3)

SUMMARY SHEET

(Change in Company's premium or i	rate level produced by rate revision effective	04/01/09
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		-
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	3,462,126	2.5%
	Compensation		
	Line of Insurance		
Does f	filing only apply to certain territory	(territories) or certain classes? If so, specify:	
Ador	ption of the National Council on Co	ows rates of an advisory organization, specify ompensation Insurance, Inc.'s ("NCCI") Illino	is Law-Only Filing Reflecting
		tpatient and Ambulatory Surgical Treatment C	Center (ASTC) Fee Schedules
- Vo	luntary Loss Costs, Effective April	1, 2009	
		11/10	SIAN AF MARKET

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



APR 0 1 2009

Mitsun Stifft Data United Company of America

Name of Company

Scott M. Herbert, Sr. Gov't. Affairs Analyst

Official - Title

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DIVISION OF INSUFANCE

Form (RF-3)

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SUMMARY SHEET

Affairs Analyst

Official - Title

(Change in Company's premium or ra	te level produced by rate revision effective	04/01/09
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial		
3.	Liability Other Than Auto Burglary and Theft		
4. 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	2,237,869	2.6%
	Compensation	<u> </u>	
	Line of Insurance		
		(_
Does i	iling only apply to certain territory (territories) or certain classes? If so, specify	:
Brief	description of filing. (If filing follow	vs rates of an advisory organization, specify	organization):
Ado	otion of the National Council on Con	npensation Insurance, Inc.'s ("NCCI") Illin	ois Law-Only Filing Reflecting
The	Implementation of the Hospital Outp	patient and Ambulatory Surgical Treatment	Center (ASTC) Fee Schedules
	luntary Loss Costs, Effective April 1		
	djusted to reflect all prior rate chang		
	hange in Company's premium level vesult from application of new rates.	WHICH WILL	
re	suit from application of new rates.	PAFIL NOIS/IDFPH	
		COMPLED	
		A 20119	
		APR 0 1 2009 Mits	sui Sumitomo Insurance
		\ TTC /	A Inc.
		SPRINGFIELD, ILLINOIS USA	Name of Company
		OPRINGFIL	
		Scot	tt M. Herbert, Sr. Gov't.

ILLINOIS SUMMARY SHEET

FORM RF-3

nange in Company's premium or rate level produce			
(1)	(2)	(3)	
Coverage	Annual Premium	Percent Change (+ or –)**	
	Volume (Illinois)*	Change (+ or -)	
1. Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto SION OF ING	N. I. P. C.		
4. Burglary and Theft	SIDE		
3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity			
6. Fidelity			
6. Fidelity 7. Surety APR 0 1 2	009 		
8. Boiler and Machinery			
9. Fire 10. Extended Coverage			
10. Extended Coverage	INOIS /		
11. Inland Marine	- /		
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail	04.050.044	+2.5%	
15. Workers Compensation	\$1,856,244	+2.570	
16. Other			
Line of Insurance			
ooes filing only apply to certain territory (territories)	or certain classes? If so, specify		
lo		ation) Law on	he File
Brief description of filing (if filing follows rates of an	dvisory organization, specify organiza	ation)	7 170
Adoption of NCCI Workers Compensation Loss Cost Refe			!
Adoption of NCCI Workers Compensation Loss Cost Refe	ence rining Number it-2009-05, enecuve	<u> </u>	
to priority in the second seco			

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

National Interstate Insurance Company Name of Company

Kathy Juhasz, Regulatory Compliance Spec.
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		4/1/2009	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$4,257,492	2.5%
	Line of Insurance		
Do	es filing only apply to certain territory (territories) or certain classes? If so, specify	: No
. .	6.1 1.0 662 (1662) - 6.11-		
		rates of an advisory organization, specify o	rganization): Adoption of Illinois
law	only filing provided by NCCI effective 4/1/09.		
* ^ -	liveted to reflect all major rate aboves		
	ljusted to reflect all prior rate changes		•
	nange in Company's premium level w	hich will result from application of new rate	5 .
		Ala	tionido Aquiboimano
			tionwide Agribusiness
			Name of Company
		Brad Liggett	- Vice President of Underwriting
			Official – Title
		SION OF INSUF STATE OF ILLINOIS/IE IF I LED	OFPR .

APR 0 1 2009

CPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or	r rate level produced by rate revision effective	6/1/2009 NB & RB
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Comm Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance Does filing only apply to certain te 	nercial	4.1%
Brief description of filing. (If filing f Please refer to the enclosed Actuarial Mem	follows rates of an advisory organization, specify organization.	ganization): NCCI
*Adjusted to reflect all prior rate change in Company's premium	nanges. level which will result from application of new rates	
	The Nethe	rlands Insurance Company
	N	lame of Company
	Dan Francis,	Sr. Regulatory Filing Analyst
		Official - Title

SION OF INSURANCE

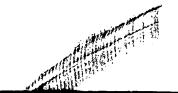
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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD



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SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision	
effective April 1, 2009	

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
_	Commercial		Harris Harris A
2	Automobile Physical Damag		•
	Private Passenger		-
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	41444	
15.	Other Workers Compensation	\$773,618	<u>%+2.5</u>
	Life of Insurance		
4	Does filing only apply to certai Classes? If so,	n territory (territories) or o	certain
	specify: N/A		
	Brief description of filing. (If fil	ing follows rates of an ac	lvisory
	Organization, specify		
	organization):		isory Rates as released by the National
	Council on Compensation Insurance, Inc.		151/.
	increase of 2.5%, for all policies effective on		Aw only tiling
	*Adjusted to reflect all prior rat		
	**Change in Company's premi	ium level which will result	trom application of new
	rates.		
		NorGUARD Insurar	
	CIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		ne of Company
	STATE OF ILLINOIS/IDEPR		Filings Representative
	d Mars Come	C	Official – Title
	APR 0 1 2009		

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		04/01/09			
	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois)*	Change (+or-)**		
1.	Automobile Liability Private Passenger Commercial				
2.	Automobile Physical Damage Private Passenger Commercial				
3.	Liability Other than Auto				
4.	Burglary and Theft				
5.	Glass		AND PROPERTY OF THE PARTY OF TH		
6.	Fidelity				
7.	Surety				
8.	Boiler & Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Workers' Compensation	5,992,436	2.5%		
16.	Other				
	Does filing only apply to certain territory(ies) or certain classes? If so, specify:				
	Brief description of filing. (If filing follows rates of an advisory organization, specify organization. Adoption of NCCI Loss costs Law only -/ ing				
		/			

North American Specialty Insurance Company

Name of Company

Linda Snook, Compliance Specialist

Official -- Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

SPRINGFIELD, ILLINOIS

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	6/1/2009 NB & RB
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		·
9. Fire		
10. Extended Coverage		
11. Inland Marine	,	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$2,879,351	4.2%
Line of Insurance		
	() () () () () () () () () ()	
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows r	rates of an advisory organization, specify org	anization): NCCI
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wl	hich will result from application of new rates.	
	The Ohio Ca	sualty Insurance Company
	Na	ame of Company
	Dan Francis	Sr. Regulatory Filing Analyst
		Official – Title



JAN 2 1 2009

IDFPR (MPC)
DIVISION OF INSURANCE

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Chan	ge in Company's premium or rate lev	vel produced by rate revision effective	6/1/2009 NB & RB
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. <i>A</i>	Automobile Liability Private		
	Passenger Commercial		
2. <i>A</i>	Automobile Physical Damage		
	Private Passenger Commercial		
3. L	iability Other Than Auto		
4. E	Burglary and Theft		
5. 0	Slass		
6. F	idelity		
7. S	Surety		
8. E	Boiler and Machinery		
9. F	ire		
10. E	Extended Coverage		
11. lı	nland Marine		
12. H	łomeowners		
13. C	Commercial Multi-Peril		
14. C	Crop Hail		
15. C	Other Workers Compensation	\$747,560	3.1%
	Line of Insurance		
Does	filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
	description of filing. (If filing follows refer to the enclosed Actuarial Memorandum.	ates of an advisory organization, specify orga	nization): NCCI
Please	refer to the enclosed Actuarial Memorandum.		
*Adju **Cha	sted to reflect all prior rate changes. Inge in Company's premium level wh	nich will result from application of new rates. Ohio Securi	ty Insurance Company
		Nam	e of Company
		Dan Francis. Sr	. Regulatory Filing Analyst
			fficial – Title

JON OF INSUMMANUL
JIATE OF ILLINOIS/IDEPR

JUN 0 1 2009

CORPUGATALD, ILLINOIS

- J

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$8,511,031	+2.5
	Line of Insurance		
	s filing only apply to certain so, specify:	territory (territories)or	certain classes?

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Old Republic General Insurance

Old Republic General Insurance Corporation
Adoption of NCCI IL-2009-01 IL Law-Only
Filing due to the Implementation of the
Hospital Outpatient and Ambulatory Surgical
Treatment Center Fee Schedules - Voluntary
Advisory Loss Costs, Rates, and Rating
Values

We request an effective date of April 1, 2009 to coincide with the NCCI loss cost filing approved under Circular IL-2009-03.

We will apply our LCM, 1.64, to the April 1, 2009 NCCI loss costs.

We hereby certify that the only changes made from our previously filed manual are the NCCI changes as adopted and filed under our Rates Tab.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

SPRINGFIELD, ILLINOIS

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Old Republi	c General	Insurance	Corporation
	Name of	Company	
Deborah	J Matthews	s - AVP, Cor	mpliance
	Officia	l - Title	

H29219D

لمار مهد

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	10,471,22,	+2.5
Line of Insurance		
Does filing only apply to certain If so, specify:	territory (territories)o	r certain classes?

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

OLD REPUBLIC INSURANCE COMPANY

Adoption of NCCI IL-2009-01 IL Law-Only Filing due to the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center Fee Schedules - Voluntary Advisory Loss Costs, Rates, and Rating Values

We request an effective date of April 1, 2009 to coincide with the NCCI loss cost filing approved under Circular IL-2009-03.

We will apply our LCM, 1.72, to the April 1, 2009 NCCI loss costs.

DIVISION OF INSURANCE reby certify that the only changes made from our previously STATE OF ILLINOIS/IDFFFled manual are the NCCI changes as adopted and filed under our Rates Tab.

APR **0 1** 2009

SPRINGFIELD, ILLINOIS

Old Republic Insurance Company

Name of Company

Deborah J. Matthews - Manager - Regulatory Compliance
Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective July 10, 2009

- -	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Volume (minois)	Change (1015)
١.	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		***************************************
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$27,799,574	+7.0%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: No, app	nin territory (territories) or lies to all classes.	certain
	Brief description of filing. (If f	iling follows rates of an ac	dvisory
	Organization, specify	J	•
	organization):	We are revising our rates,	deviating from the National Council on
	Compensation Insurance (NCCI) 1/1/09	rates. Preferred classes (listed on	the cover letter) are deviated +10%
	from NCCI advisory rates. All other classe		isory rates.
	*Adjusted to reflect all prior ra **Change in Company's premates.		t from application of new
	14(03)	Owners Insurance	Company
			ne of Company
		Jennifer L. Smith, A	· · · · · · · · · · · · · · · · · · ·

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>04/01/2009</u>.

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,480,917	<u>+2.4%</u>
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories)	or certain classes? If so specify No.	
boes liming only apply to certain territory (territories)	or certain diasses: it so, specify	
Drief description of filing (if filing follows water of an	advisory arganization, appoint arganizat	tion) Adopt 4/1/00 Advisory Botos
Brief description of filing (if filing follows rates of an a	advisory organization, specify organizat	iion) Adopt 4/ 1/09 Advisory Rates
Law only	, E.L.	
	/ Filing	

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY

OIVISION OF INSURANCE COMPANY
STATE OF ILLINOIS/IDEPAMPANY

Steve Kreider - WC Associate Product Manager

APR 0 1000 Title SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	6/1/2009 NB & RB
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$511,483	1.1%
Line of Insurance		
D GU I I I I I I I I I I I I I I I I I I	(iti) an anathin alabaga? If an angaifur	
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows r	ates of an advisory organization, specify org	anization): NCCI
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wl	nich will result from application of new rates.	emnity Insurance Company
		me of Company
	ina	and or dompany
	Dan Francis, S	Sr. Regulatory Filing Analyst
		Official – Title



JUN 0 1 2009

CORINGFIELD, ILLINOIS



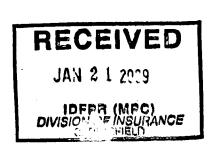
ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		6/1/2009 NB & RB	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territory (territory) 	\$3,792,473 erritories) or certain classes? If so, specify:	2.0%	
Brief description of filing. (If filing follows ra	tes of an advisory organization, specify org	anization): NCCI	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ch will result from application of new rates.		
		s Insurance Company nme of Company	
		Sr. Regulatory Filing Analyst Official – Title	

JION OF INSURANCE STATE OF ILLNOIS/IDEPR

JUN 0 1 2009

CPRINGFIELD, ILLINOIS



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

FORM (RF-3)

APR 0 1 2009

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision SPRINGFIELD, ILLINOIS effective 4-1-09 New & Renewal

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
۱.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
l .	Burglary and Theft		
5.	Glass		
8.	Fidelity		
' .	Surety		
3.	Boiler and Machinery		
).	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers Compensation	\$43,356,282	+3.3%
	Life of Insurance		
9			
	Does filing only apply to cert	ain territory (territories) or	certain
	Classes? If so,		
	specify: No		
	Dulaf da a siakia a af Eliasa (16	£U 6-U	
	Brief description of filing. (If	filing follows rates of an ac	avisory
	Organization, specify organization):	Adent NCCI Bata Baylaian	of 4.1.00 without doviction
	organization).	Adopt NCCI Rate Revision	of 4-1-09 without deviation.
	*Adjusted to reflect all prior r	ate changes	
	**Change in Company's prer		t from application of new
	rates.	mon level winch will lesur	t nom application of new
	14(05).	PEKIN INSU	RANCE COMPANY

Name of Company

R.M. MCGANN - Director of Pricing & Regulatory Filings, Assistant Secretary

Official - Title

SUMMARY SHEET

RECEIVED APR 1 7 2009

Chang	ge in Company's premium or rate level pro	duced by rate revision effective	April 1, 2009 New and Renewal
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	voidine (minois)	Change (+ or -)
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	-	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	· · · · · · · · · · · · · · · · · · ·	
15.	Other Workers Compensation	\$1,079,563	+2.5%
	Line of Insurance		
	filing only apply to certain territory (territo he filing applies to all territories and		fy:
Brief o	description of filing. (If filing follows rate	es of an advisory organization, speci	fy organization):
Adop	tion of April 1, 2009 NCCI loss cost	s law only filing.	DIVISION OF INSUBANCE STATE OF ILLINOIS/IDEPR
			STATE OF ILLINOIS/IDFPR
			FILE
			APR 0 1 2009
	djusted to reflect all prior rate changes.	***	APR 0 1 2003
	hange in Company's premium level which	i Will	
re	sult from application of new rates.		SPRINGFIELD, ILLINOIS
			JE IIII -

Penn Millers Insurance Company

Name of Company

Stephanie Smith - Business Analyst II
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

(1)	(2)	(3) Percent
<u>Coverage</u>	Annual Premium Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
 Liability Other Than Auto Burglary and Theft 		
- 01		
Eidelite		
7. Surety		
Poiler and Machinen		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		**************************************
13. Commercial Multi-Peril		
14. Crop Hail		0.70/
15. Other Workers' Compensation Line of Insurance	\$2,248,128	0.7%
Line of insurance		
Does filing only apply to certain territory (to		
be reduced slightly from 1.427 to 1.222 with	n this filing. All other classes will have t	he loss cost multiplier remain at 1.644.
Brief description of filing. (If filing follows ra	ites of an advisory organization, specifi	v organization): Adoption of NCCL Loss
Cost Revisions - announced in Circular IL-2		y organization): <u>Madphon of Madrica</u>
SOCTIONS CHINDSINGS IN SHOULT IE	LAW	only Filing

Pharmacists Mutual Insurance Company Name of Company Kris Laubenthal - Rate Filing Analyst
Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JUL 0 1 2009

SPRINGFIELD, ILLINOIS

^{**}Change in Company's premium level which will result from application of new rates.

RECEIVED

APR 2 2 2009

IDFPR (MPC) Division of Insurance Springfield

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective $\underline{5/15/2009}$.

(1) Coverage	(2) Annual Premium	(3) Percent
•	Volume (Illinois)	
1. Automobile Liability		• , ,
Private Passenger		
Commercial	 	
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,942,768	+23.0
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cl	asses? If so, specify	yes
Brief description of filing (if filing follows rates of an advisory org	anization, specify org	anization)
Adopts the April 2009 NCCI revise	d rates and	miscellaneous values
with a deviation of 1.20		
 * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from ap 	plication of new rates.	
	1	Praetorian Ins. Co.
		Name of Company
	т	ina Knight Analyst

Tina Knight, Analys

Division Offilia UFT HAICE

STATE OF ILLINOIS/IDEPR

MAY 1 5 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

(Change in Company's premium or rate	level produced by rate revision effective	April 1, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$590,633	+2.5%
	Line of Insurance		
Jaga f	iling only apply to contain torritory (tor	ritories) or certain classes? If so, specify:	
No	ining only apply to certain territory (ter	intones) of certain classes? If so, specify.	
110			
Brief d	lescription of filing (If filing follows:	rates of an advisory organization, specify of	organization):
		lues referenced in Circular #IL-2009-03.	Law only Filing
a o p		The state of the s	THE DAY THING

Preferred Professional Insurance Company

Name of Company

CIVISION OF INSURANCE CHATE OF ILLINOIS/IDEPR

Denise A. Hill, VP, Corporate Compliance Officer

Official - Title

APR 0 1 2009

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PRINGFIELD, ILLINOIS

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective $\underline{\texttt{April}\ 1},\ 2009$

(1) Coverage	(2) Annual Premium	(3) Percent
Automobile Liability Private Passenger Commercial	Volume (Illinois)*	Change (+ or –)**
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$3,172,105	2.5%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain c	lasses? If so, specifyNA	
Brief description of filing (if filing follows rates of an advisory or Company is a member of NCCI. We wis		
referenced in NCCI Circular IL-200	9-03. LAU	vonly Filing
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from a	pplication of new rates.	,

Protective Insurance Company

Name of Company

Jeremy Jaynes - Compliance Analyst

Official — Title

SION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

্রসাNGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM ((RF-3)
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DIVISION OF ILLIN	NSUBANG
	VOIS/IDFPR

Change in Company's pren	mium or rate level produced by rate	a rovision
effective APRIL 1, 2009		APR 0 1
	•	1
(1)	(2) Annual Premium	(§PRINGFIELD , I
Coverage	Volume (Illinois) * C	change (+or-) **
Automobile Liability Private)	
Passenger		
Commercial		<u> </u>
Automobile Physical Dama	lq	
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		······································
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage	The state of the s	
Inland Marine	7-100	
Homeowners		
Commercial Multi-Peril		**************************************
Crop Hail	**************************************	
Other WORKERS COMPENSATION	\$691,941	+2.5%
Life of Insurance		
Deservices and a second of the second		
	ertain territory (territories) or certain	1
Classes? If so,	NO	
specify:	NO	
Brief description of filing (If filing follows rates of an advisor	1
Organization, specify	In filling follows rates of all advisory	1
organization): LAW only Fil	ADOPTING LOSS COST AND RA	TING VALUES EFFECTIVE
	IL-2009-01 AND APPROVAL CIRCULAR IL-2009-03. \	
	S COST MULTIPLIER OF 1.375 AND EXPENSE	
*Adjusted to reflect all prior		
•	emium level which will result from	application of new
rates.		
	PUBLIC SERVICE MUTUA	L INSURANCE COMPANY

PUBLIC SERVICE MUTUAL INSURANCE COMPANY

Name of Company

ANITA FITCH - WORKERS COMPENSATION ANALYST

Official — Title

SUMMARY SHEET

(Change in Company's premium or rat	e level produced by rate revision effective	06/01/2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$2,033,534	+2.5%
	Compensation		
	Line of Insurance		
	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
No			
Brief d	escription of filing (If filing follows	rates of an advisory organization, specify of	organization):
Adop	tion of NCCI Law-Only Filing Refle	cting the Implementation of the ASTC Fee S	Schedule - effective 6/1/2009
for R	ockwood Casualty Insurance Compar	ny	
		DIVISION OF INSUF	FPR
	djusted to reflect all prior rate changes nange in Company's premium level w	s. STATE OF ILE O	1
	sult from application of new rates.	inch will	
10.	suit from application of new rates.	JUN 0 1 200	u9
			l l
		SPRINGFIELD, IL	LINOIS
		SPRINGFIEROCK	wood-Casualty
		Insura	ance Company - FED
		TAX	ID 25-1620138
			Name of Company
		Andre	M Snyder Regulatory

Compliance Officer
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2009

The second	JRANCE NOFFR	
1.27	† 2009	
evision	LINO	

effective_April 1, 2009	*	و 4 الله الله الله الله الله الله الله ال	LINOIS
(1)	(2)	(3)	
	Annual Premium	Percent	
Coverage	 Volume (Illinois) * 	Change (+or-) **	-
Automobile Liability Private			
Passenger		_	
Commercial			
Automobile Physical Damag			
Private Passenger			•
Commercial			
Liability Other Than Auto			
Burglary and Theft			
Glass			
Fidelity			
Surety			
Boiler and Machinery			
Fire	**************************************		_
Extended Coverage			
Inland Marine			-
Homeowners		***************************************	
Commercial Multi-Peril		And the second s	
Crop Hail	* · · · · · · · · · · · · · · · · · · ·		
Other Workers' Compensation	29,129,700 (exact)	+2.5%	_
Life of Insurance		. 2.0 /0	_
Does filing only apply to certa	ain territory (territories)	or certain / D/VISIO	
Classes? If so,		STATE	NOF MO
specify: N/A	· · · · · · · · · · · · · · · · · · ·		A LLINOIS WAN
		4.	NOF INSURAN OF ILL NOIS/IOFPR 0 1 30
Brief description of filing. (If	filing follows rates of an	advisory /	0 1 2009
Organization, specify		Spp	* <00g
organization):	NCCI Law-Only Filing E	ffective 4-1-2009	
			D, ILLINOIS
			8/OV/
*Adjusted to reflect all prior ra	ate changes.		
**Change in Company's pren	nium level which will rec	ult from application of nou	,

SeaBright Insurance Company

Name of Company

SUP Underwiting

Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
(1) Coverage	ر <i>د)</i> Annual Premium	Percent
Coverage		Change (+ or –)**
1. Automobile Liability	Volumo (minolo)	, , , , , , , , , , , , , , , , , , ,
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
Burglary and Theft		<u> </u>
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		· · · · · ·
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	28,078,973	- 7.8%
16. Other	20, 11, 113	7 7 7 7
Line of Insurance		
Line of modifice		
Does filing only apply to certain territory (territor	ries) or certain classes? If so, specify 시 /4	
Brief description of filing (if filing follows rates of	f an advisory organization, specify organization) way Value8 Effective	Volumtary
1. 2	521	1106
HOVISORY FATE ? KAT	ing VAIGES ETTICKINE	<u></u>
,	•	
* Adjusted to reflect all prior rate changes.	will account for an application of many mater	
** Change in Company's premium level which	will result from application of new rates.	
	0 -	
	SEABRI	Name of Company - Underwith Directs
		Name of Company
	ω	
	A)	y - Underwith Directs

DIVISION OF INSURANCE STATE OF ILLIE D

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2)	(3) Percent
<u>Coverage</u>	Annual Premium Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Surety		***
Boiler and Machinery		
Fire		
D. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other <u>Workers Compensation</u> Line of Insurance	167,751 (2008 DWP)	+ 2.5%
oes filing only apply to certain territory (terr	itories) or certain classes? If so, speci	fy:
rief description of filing. (If filing follows rate ational Council on Compensation Insuranc		
Adjusted to reflect all prior rate changes.		<u>`</u>
Change in Company's premium level which	n will result from application of new rat	es.
	Standard	Mutual Insurance Company
	Lamy L. Boo	Name of Company Assistant Underwriting Manager
	Larry L. Boehm	n, Assistant Underwriting Manager
		Official Title





Illinois

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APR 1 3 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

(1) Coverage		(2) Annual Premium	(3) Percent
1. Automobile Liability		Volume (Illinois)*	Change (+ or –)**
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto			
4. Burglary and Theft	and the contract of the contra		
5. Glass	ON OF INSURANCE		
6. Fidelity	ON CILLNOISIDE		
7. Surety	TATEOFILED		
Boiler and Machinery Fire			
	APR 0 1 2009		
10. Extended Coverage 11. Inland Marine			
12. Homeowners	TO ILLINO!	<u>s </u>	
13. Commercial Multi-Peril	NGFIELD, ILLINO!		
14. Crop Hail	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
15. Workers Compensation	·	40.004.000	
16. Other	-	\$3,991,383	+2.5%
Line of Insurance	 -		
Line of insurance			
oes filing only apply to certain ter	ritory (territories) or certain class	es? If so, specify	
pplicable to all territories and clas	sifications		
Brief description of filing (if filing fol	lows rates of an advisory organi	zation specify organiza	ation) This files is to adopt the NOOL
	,		
oss Costs referenced in approval circu	lar IL-2009-03. LAW	only Filing	3
* Adjusted to reflect all prior rat ** Change in Company's premiu	e changes. ım level which will result from applic	ation of new rates.	
	Sta	rNet Insurance Compa	
		invectingularitie Compa	Name of Company
			Name of Company
	Stacve	E. Adams – Sr. Comp	oliance & Regulatory Specialist

Stacye E. Adams – Sr. Compliance & Regulatory Specialist
Official — Title

Section 754 EXHIBIT A Summary Sheet (Form RF-3)

JUL 1 5 2009

SPRINGFIELD, ILLINOIS

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rat	e level produced by rate revision
effective 7/1/2009	

<u>-</u>	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3 .	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		
10.	Extended Coverage		
11.	Inland Marine	·	
12.	Homeowners		
13.	Commercial Multi-Peril	,	
14.	Crop Hail		
15.	Other Workers' Compensation	31722329	+2.5%
	Life of Insurance		
*	Doog filing only apply to cortai	in tarritan/(tarritarian) ar	cortain
	Does filing only apply to certain Classes? If so,	in terniory (terniories) or	Certain
	specify: N/A		
	specify.		
	Brief description of filing. (If file Organization, specify organization):		dvisory ferenced in IL-2009-01 on 7/1/2009
		LAW only Filias	
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.		
	DIVISION OF INSURANCE	Technology Insura	
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Nar	me of Company
	FILED	Submitted by: Jame	
	4 = 0000	1	Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 0 1 2009

SUMMARY SHAPPELD, ILLINOIS

Form (RF-3)

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	<u> </u>	
4.	Burglary and Theft		
5.	Glass	***************************************	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		- 11000
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,213,027	2.5%
	Line of Insurance		
D	*1' 1 1 4 4-' 4'4 74		
No.	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
NO.			

Adoption of Law-Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory

* Adjusted to reflect all prior rate changes.

Surgical Treatment Center (ASTC) Fee Schedules

Voluntary Advisory Rates and Advisory Loss Costs Effective April 1, 2009

Tower Insurance Company of New York

Name of Company

Faye V. Storch Senior Business Analyst

Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

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DIVISION OF INSURANCE

Form (RF-3)

SUMMARY SHEET

Change in Company's pre- revision effective 04/0	mium or rate level produced 01/2009	by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail	505.060	2.5%
15. Other Workers' Compensation Line of Insurance	585,962	
Does filing only apply to certa If so, specify: N/A Brief description of filing. organization, specify organizat Adoption of NCCI IL WC Law Only Hospital Outpatient and Ambula Schedules-Voluntary Advisory Ra	(If filing follows rates of tion): y Filing Reflecting the Imployer Surgical Treatment Cent	an advisory ementation of the er (ASTC) Fee
		SION OF INSURANCE
* Adjusted to reflect all pric ** Change in Company's premium result from application of n	level which will	APR 0 1 2009
		- SORINGEIEI D. II. I NOIR
	TRANSGUARD INSURANCE COMPAN	Y OF AMERICAL DINGLINOIS
	Name of Comp	any
Gl	oria A. Goldbranson, FLMI - Com	mpliance Support Leader
	Official - Ti	

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate rev	ision effective April	1, 2009
(1) Coverage	(2) Annual Premium	(3) Percent
Automobile Liability Private Passenger	Volume (Illinois)*	Change (+ or)**
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other than Auto Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 119,340	3.1%
16. Other		
Line of Insurance		·
Does filing only apply to certain territory (territories) or certain class	ses? If so, specify	
Filing applies to all standard classes		
Brief description of filing (if filing follows rates of an advisory organ	nization, specify organiz	ation)
Adoption of NCCI's new rates by using our approved deviation of -10%.	NCCI	LAW only Filing
* Adjusted to reflect all prior rate changes.		,
** Change in Company's premium level which will result from appl	ication of new rates.	
		Ullico Casualty Company
		Name of Company
	David A	A. Christhilf, AVP and Actuary
		Official — Title



APR 0 1 2009

GRENGFIELD, ILLINOIS

Section 754 EXHIBIT A Summary Sheet (Form RF-3)

springfield, illinois

FORM (RF-3)

SUMMARY SHEET

Change in Company'	s premium or	rate le	vel produ	ced by rate r	evision
effective 7/1/2009					

-	(1) Coverage		(2) nnual Premium olume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private			Change (101-)
••	Passenger			
	Commercial			1
2	Automobile Physical Damag			
	Private Passenger			•
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass		······································	
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery	····		
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail	************		
15.	Other Workers' Compensation	46737	11	+2.5%
	Life of Insurance			
•				
	Does filing only apply to certai	n teri	ritory (territories) or o	certain
	Classes? If so,			
	specify: N/A			
	Duis for a spirit of a fitting of fitting of fitting	:		t. :
	Brief description of filing. (If fil	ing ro	ollows rates of an ac	ivisory
	Organization, specify organization):		Adoption of NCCI rates refe	erenced in IL-2009-01 on 7/1/2009
	organization).	1-	-1	STERIOEG III 12-2003-01 OII 77 172009
			Aw only taking	
	*Adjusted to reflect all prior rat	e ch:	anges	
	**Change in Company's premi			from application of new
	rates.	U	ovor windir will recuir	application of now
	THURSON OF INSURANCE	E	Wesco Insurance C	ompany
	STATE OF ILLINOIS/IDI	·		ne of Company
			Submitted by: James	
	JUL 1 5 2009			official – Title
	JOE = 5 =			

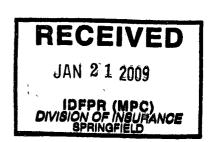
ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate leve	el produced by rate revision effective	6/1/2009 NB & RB
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance es filling only apply to certain territory (te	\$3,408,603 rritories) or certain classes? If so, specify:	3.7%
	ef description of filing. (If filing follows range refer to the enclosed Actuarial Memorandum.	tes of an advisory organization, specify org	ganization): NCCI
	djusted to reflect all prior rate changes. Change in Company's premium level whi	ch will result from application of new rates.	
			rican Insurance Company
			ame of Company Sr. Regulatory Filing Analyst
			Official – Title

JION OF INSURANCE STATE OF ILLINOIS/IDEPR

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CORINGFIELD, ILLINOIS



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DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

	Change in Company's premiumor ra	Slevelaproduced by rate revision effective	September 1, 2009
	(1) Coverage SEP 0 1	(2)	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger CPRINGFIELD Commercial	O, ILLINOIS	
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	22.070.000	12.5
15.	Other Workers' Compensation Line of Insurance	23,078,990	+2.5
Does N/A		erritories) or certain classes? If so, specify:	
Ove	f description of filing. (If filing followerall premium level change of +2.5%. stfield Insurance Company #228-2411	s rates of an advisory organization, specify of Adopting April 1, 2009 advisory rates for the 2	organization): he law only change.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Westfield Insurance Co.	
Name of Company	

Rhonda Roberts
Production Specialist
Product Management

Official - Title

SION OF INSURANCE TATE OF ILL NOIS/IDEPR

SEP 0 1 2009

SUMMARY SHEET

APR - 9 2009

BIVISION OF INSURANCE

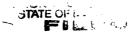
Form (RF-3)

CPRINGFIELD, ILLINOIS Change in Company's premium or rate level produced by rate revision effective September 1, 2009 (2) (3) (1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability 1. Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. **Extended Coverage** Inland Marine 11. 12. Homeowners Commercial Multi-Peril 13. Crop Hail 14. +2.52.980.208 15. Workers' Compensation Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Overall premium level change +2.5% and a previously filed deviation of 1.25 from the NCCI rates. Adopting April 1, 2009 advisory rates law only change.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Westfield National Insurance Company #228-24120



SEP 0 1 2009

-- William D. In INOIS

Westfield National Insurance Co.

Name of Company

Rhonda Roberts Production Specialist Product Management

Official - Title

SUMMARY SHEE

Change in Company's premium or rate level produced by rate revision effective			04/01/09		
	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois)*	Change (+or-)**		
1.	Automobile Liability Private Passenger Commercial				
2.	Automobile Physical Damage Private Passenger Commercial				
3.	Liability Other than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler & Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Workers' Compensation	17,138,231	2.4%		
16.	Other				
	Does filing only apply to certain territory(ies) or certain classes? If so, specify: No				
	Brief description of filing. (If filing follows rates of an advisory organization, specify organization. Adoption of NCCI Loss costs Aw Only Filing				
	* Adjusted to reflect all prior rate changes				

Westport Insurance Corporation
Name of Company

Linda Snook, Compliance Specialist
Official -- Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

SPRINGFIELD, ILLINOIS

Adjusted to reflect all prior rate changes

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revi	sion effective	 .	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance	4,510,742	+2.5%	
Does filing only apply to certain territory (territories) or certain clas	ses? If so, specify	10	
Brief description of filing (if filing follows rates of an advisory organ Costs effective 4 1 09 Implementa	ization, specify organiza ation of Hospi	tion) Following NCCI Loss tal Outpatient and Ambu	
Surgical Treatment Center Fee Schedu	ıle-No change	to LCM-WFCC effective !	5 1 09

Work First Casualty Company Name of Company Kathy T. Forno, HIA, ACP Manager, State Filings Official — Title

Adjusted to reflect all prior rate changes.
Change in Company's premium level which will result from application of new rates.